



Canonical Guide

270/271 Health Care Eligibility Benefit
Inquiry and Response Companion
Guide

Version 2.2



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1. INTRODUCTION

1.1 Overview

EDI (Electronic Data Interchange) is a data format based on ASC X12 standards. Each release contains set of message types like purchase order, invoice etc. Each message type has specific number assigned to it instead of name.

In this Canonical Guide we would be primarily dealing with 4010 version and message types 270 and 271. The 270 and 271 Transactions are used in tandem: the 270 Transaction is used to inquire about the eligibility benefit status of a subscriber, and the 271 Transaction is returned in response to that inquiry.

1.2 Scope

This Canonical Guide clarifies business and processing rules that are relevant to the implementation of the 270 and 271 Transactions. As such, this Canonical Guide is unique to OneHealthPort. The document consists of three sections:

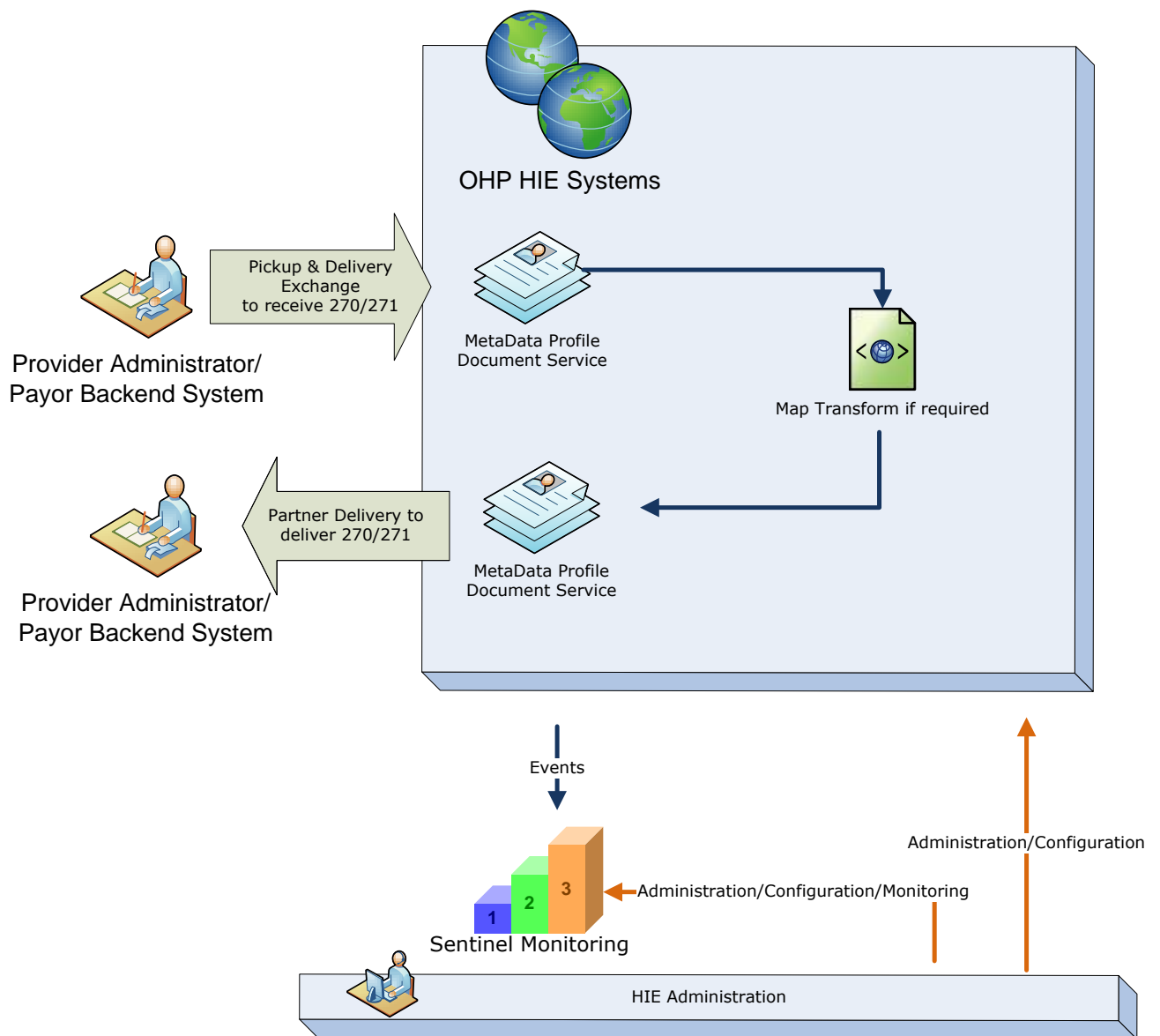
- a general section explaining process flow.
- section outlining specific data format or content within both transactions (270/271) for the version 4010.
- a sample scenario of a 270/271 Transaction that is illustrated as both a data string and mapped transaction.

This Canonical Guide includes transactions and standards from the original May 2000 X12N EDI Implementation Guides and the October 2002 EDI Addenda adopted for use under HIPAA.

2. PROCESS FLOW

2.1 High Level Process Flow

- Provider Administrator sends an Eligibility & Benefits Inquiry (270) or Payor sends Benefits response (271) to the Provider Administrator.
- If the sender and receiver are based on the same version then the OHP HIE systems will route the message to the appropriate receiver based on the Recipient Id.
- If the sender and receiver are based on different version, then the message would be transformed to the receiver’s version and then routed.



3. STRUCTURE

3.1 Definition of Terms

The participants in the hierarchical level structure described above are as follows:

- Information Source – The entity that answers the questions being asked in the 270 transaction. The entity that maintains the information regarding the patient's coverage. The information source typically is the insurer or payer.
- Information Receiver – The entity that asks the questions in the 270 transaction. The information receiver typically is the medical service provider (i.e. physician, hospital, laboratory, etc).
- Subscriber – A person who can be uniquely identified to an information source. Traditionally referred to as a member.

3.2 General Structural Notes

- Each segment is displayed on the separate line. In this example each segment ends with ~ (tilde). That is so called segment separator or segment delimiter.
- Each segment starts with 2-3 letter code that identifies it. Example: ISA, GS, ST, BHT are all segment identifiers.
- Each segment contains elements separated by element separator. In the test file it is * (star).
- Each element can have multiple values which is separated by Sub-Element separator. In the test file it is ~ (tilde) or : (colon).
- Some segments form EDI X12 envelope. They are common to all EDI X12 files and message types. Those segments are ISA, GS, ST, SE, GE, IEA. This set contains important information about trading partners (like Sender Id, Receiver Id, etc.). It also contains interchange, transaction group and transaction control numbers, counts, transmission dates and times, and more.

EDI X12 ENVELOPE

As discussed, ISA, GS, ST, SE GE, IEA segments form EDI X12 envelope. Enveloping works in pairs. ISA-IEA represents interchange. GS-GE is a group inside of interchange and ST-SE is a transaction inside the group.

INTERCHANGE CONTROL STRUCTURE (ISA)

Level: Header

Usage: Required

Purpose: The ISA is a fixed record length segment, and all positions within each of the data elements must be filled. The ISA segment is a 105 byte fixed length record. The character immediately following the segment ID, ISA, defines the data elements separator. The component element separator is defined in the last character in the segment, and the segment terminator is the byte that immediately follows the component element separator.

Reference	X12 Element Name	Data Types	Length	Required
ISA01	Authorization Information Qualifier	ID	2/2	R
Code to identify the type of information in the Authorization Information. Valid values: 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification				
ISA02	Authorization Information	AN	10/10	R
Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)				
ISA03	Security Information Qualifier	ID	2/2	R
Code to identify the type of information in the Security Information. Valid values: 00 No Security Information Present 01 Password				
ISA04	Security Information	AN	10/10	R
This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)				
ISA05	Interchange ID Qualifier	ID	2/2	R
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified. Valid values: 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined				

ISA06	Interchange Sender ID	AN	15/15	R
Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element				
ISA07	Interchange ID Qualifier	ID	2/2	R
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified. Valid values: 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined				
ISA08	Interchange Receiver ID	AN	15/15	R
Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them				
ISA09	Interchange Date	DT	6/6	R
Date of the interchange. The date format is YYMMDD.				
ISA10	Interchange Time	TM	4/4	R
Time of the interchange. The time format is HHMM.				
ISA11	Interchange Control Standards	ID	1/1	R
Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer. Valid value: 'U' U.S. EDI Community of ASC X12, TDCC, and UCS				
ISA12	Interchange Control Version Number	ID	5/5	R
This version number covers the interchange control segments. Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	Interchange Control Number	N0	9/9	R
A control number assigned by the interchange sender. The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.				
ISA14	Acknowledgement Requested	ID	1/1	R
Code sent by the sender to request an interchange acknowledgment (TA1). Valid values: 0 No Acknowledgment Requested 1 Interchange Acknowledgment Requested				
ISA15	Usage Indicator	ID	1/1	R
Code to indicate whether data enclosed by this interchange envelope is test, production or information. Valid values: P Production Data T Test Data				

ISA16	Component Element Separator	R
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The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.

INTERCHANGE CONTROL STRUCTURE (IEA)

Level: Trailer

Usage: Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments.

Reference	X12 Element Name	Data Types	Length	Required
IEA01	Number of Included Functional Groups	N0	1/5	R

Count of the number of functional groups in the interchange.

IE02	Transaction Set Control Number	N0	9/9	R
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The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.

FUNCTIONAL GROUP STRUCTURE (GS)

Level: Header

Usage: Required

Purpose: To indicate the beginning of a functional group and to provide control information.

Reference	X12 Element Name	Data Types	Length	Required
GS01	Functional Identifier Code	ID	2/2	R

Functional Identifier Code R Code identifying a group of application related transaction sets. Valid values:

‘HB’ Eligibility, Coverage or Benefit Information (271)

‘HS’ Eligibility, Coverage or Benefit Inquiry (270)

GS02	Application Sender’s Code	AN	2/15	R
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Code identifying party sending transmission; codes agreed to by trading partners

GS03	Application Receiver’s Code	AN	2/15	R
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Code identifying party receiving transmission. Codes agreed to by trading partners

GS04	Date	DT	8/8	R
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Use this date for the functional group creation date. Date format CCYYMMDD.

GS05	Time	TM	4/8	R
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Use this time for the creation time. Time format HHMM.

GS06	Group Control Number	N0	1/9	R
Assigned number originated and maintained by the sender. Group control number should match GE02.				
GS07	Responsible Agency Code	ID	1/2	R
Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12				
GS08	Version/Release Industry ID Code	AN	1/12	R
Valid value: Addenda Approved for Publication by ASC X12. '004010X092A1'				

FUNCTIONAL GROUP STRUCTURE (GE)

Level: Trailer

Usage: Required

Purpose: To indicate the end of a functional group and to provide control information.

Reference	X12 Element Name	Data Types	Length	Required
GE01	Number of Transaction Sets Included	N0	1/6	R
Count the number of transaction sets in the functional group.				
GE02	Group Control Number	N0	1/9	R
Assigned number originated and maintained by the sender. Group control number should match GS06				

270 Data Element Table

Header

Reference	X12 Element Name	Required	Repeat	Loop Repeat
ST	Transaction Set Identifier Code	R	1	
BHT	Beginning of Hierarchical Transaction	R	1	

Information Source Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID - 2000A INFORMATION SOURCE LEVEL			>1
HL	Information Source Level	R	1	
	LOOP ID - 2100A INFORMATION SOURCE NAME			1
NM1	Information Source Name	R	1	

Information Receiver Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID – 2000B INFORMATION RECEIVER LEVEL			>1
HL	Information Receiver Level	R	1	
	LOOP ID – 2100B INFORMATION RECEIVER NAME			1
NM1	Information Receiver Name	R	1	
REF	Information Receiver Additional Identification	S	9	
N3	Information Receiver Address	S	1	
N4	Information Receiver City/State/ZIP Code	S	1	
PER	Information Receiver Contact Information	S	3	
PRV	Information Receiver Provider Information	S	1	

Subscriber Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID – 2000C SUBSCRIBER LEVEL			>1
HL	Subscriber Level	R	1	
TRN	Subscriber Trace Number	S	2	
	LOOP ID – 2100C SUBSCRIBER NAME			1
NM1	Subscriber Name	R	1	
REF	Subscriber Additional Identification	S	9	
N3	Subscriber Address	S	1	
N4	Subscriber City/State/ZIP Code	S	1	
PRV	Provider Information	S	1	

DMG	Subscriber Demographic Information	S	1	
INS	Subscriber Relationship	S	1	
DTP	Subscriber Date	S	2	
LOOP ID - 2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				99
EQ	Subscriber Eligibility or Benefit Inquiry Information	S	1	
AMT	Subscriber Spend Down Amount	S	1	
III	Subscriber Eligibility or Benefit Additional Inquiry Information	S	10	
REF	Subscriber Additional Information	S	1	
DTP	Subscriber Eligibility/Benefit Date	S	1	

Dependent Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID – 2000D DEPENDENT LEVEL			>1
HL	Dependent Level	S	1	
TRN	Dependent Trace Number	S	2	
	LOOP ID – 2100D SUBSCRIBER NAME			1
NM1	Dependent Name	R	1	
REF	Dependent Additional Identification	S	9	
N3	Dependent Address	S	1	
N4	Dependent City/State/ZIP Code	S	1	
PRV	Provider Information	S	1	
DMG	Dependent Demographic Information	S	1	
INS	Dependent Relationship	S	1	
DTP	Dependent Date	S	2	
	LOOP ID – 2110D SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION			99
EQ	Dependent Eligibility or Benefit Inquiry Information	R	1	
III	Dependent Eligibility or Benefit Additional Inquiry Information	S	10	
REF	Dependent Additional Information	S	1	
DTP	Dependent Eligibility/Benefit Date	S	1	
SE	Transaction Trailer	R	1	

TRANSACTION SET HEADER

Usage: REQUIRED

Position: 010

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

Reference	X12 Element Name	Data Types	Length	Required
ST01	Transaction Set Identifier	ID	3/3	R

Use 270 for Eligibility, Coverage or Benefit Inquiry. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

ST02	Transaction Set Control Number	AN	4/9	R
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Assigned by Submitter. The value in ST02 must be identical to SE02. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: REQUIRED

Position: 020

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

Reference	X12 Element Name	Data Types	Length	Required
BHT01	Hierarchical Structure Code	ID	4/4	R

Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.

BHT02	Transaction Set Purpose Code	ID	2/2	R
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Code identifying purpose of transaction set. Valid values: '01' Cancellation, '13' Request, '36' Authority to Deduct (Reply).

BHT03	Submitter Transaction Identifier	AN	1/30	S
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BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. This element is required to be used if the transaction is processed in Real Time.

BHT04	Transaction Set Creation Date	DT	8/8	R
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Use this date for the date the transaction set was generated. Date expressed as CCYYMMDD

BHT05	Transaction Set Creation Time	TM	4/8	R
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Use this time for the time the transaction set was generated. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD.

BHT06	Transaction Type Code	ID	2/2	S
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RT Spend Down - "Spend Down" is a term used by certain Medicaid programs when a recipient must pay a predetermined amount out of his or her own pocket before full coverage benefits are applied.

RU Medical Services Reservation - "Medical Services Reservation" is a term used by certain Medicaid programs when a recipient is allowed a predetermined amount of a particular service.

INFORMATION SOURCE LEVEL

Loop: 2000A — INFORMATION SOURCE LEVEL

Repeat: >1

Usage: REQUIRED

Purpose: This segment is used to identify the information level (source). Use this segment to identify the hierarchical or entity level of information being conveyed.

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Repeat: >1

Usage: REQUIRED

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).				
HL02	Hierarchical Parent ID Number	AN	1/12	Not Used
HL03	Hierarchical Level Code	ID	1/2	R
Code defining the characteristic of a level in a hierarchical structure. Use Value '20' – Information Source.				
HL04	Hierarchical Child Code	ID	1/1	R
Code indicating if there are hierarchical child data segments subordinate to the level being described. Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.				

INFORMATION SOURCE NAME

Loop: 2100A — INFORMATION SOURCE NAME

Usage: REQUIRED

Repeat: 1

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

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Repeat: >1

Requirement: Mandatory

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '2B' Third Party Administrator, '36' Employer, 'GP' Gateway Provider, 'P5' Plan Sponsor, 'PR' Payer.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person, '2' Non Person Entity.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.				
NM104	First Name	AN	1/25	S
Individual first name. Use this name only if NM102 is "1".				
NM105	Middle Name	AN	1/25	S
Individual middle name or initial. Use this name only if NM102 is "1".				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Suffix to individual name. Use this name only if NM102 is "1".				
NM108	Identification Code Qualifier	ID	1/2	R
Code designating the system/method of code structure used for Identification Code (67). Valid values: '24' Employer's Identification Number, '46' Electronic Transmitter Identification Number (ETIN), 'FI' Federal Taxpayer's ID number, 'NI' National Association of Insurance Commissioners (NAIC) Identification, 'PI' Payer Identification, 'PP' Pharmacy Processor Number, 'XV' Health Care Financing Administration National PlanID (Required if mandated), 'XX' 'XX' Health Care Financing Administration National Provider ID (Required if mandated)				
NM109	Identification Code	AN	2/80	R
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

INFORMATION RECEIVER LEVEL

Loop: 2000B — INFORMATION RECEIVER LEVEL

Repeat: >1

Usage: REQUIRED

Purpose: This segment is used to identify the information level (source). Use this segment to identify the hierarchical or entity level of information being conveyed.

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Repeat: >1

Usage: REQUIRED

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).				
HL02	Hierarchical Parent ID Number	AN	1/12	R
Use this code to identify the specific hierarchical level to which this level is subordinate.				
HL03	Hierarchical Level Code	ID	1/2	R
Code defining the characteristic of a level in a hierarchical structure. Use Value '21' – Information Receiver.				
HL04	Hierarchical Child Code	ID	1/1	R
Code indicating if there are hierarchical child data segments subordinate to the level being described. Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.				

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Repeat: >1

Requirement: Mandatory

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '1P' Provider, '2B' Third Party Administrator, '36' Employer, 'GP' Gateway Provider, 'P5' Plan Sponsor, 'PR' Payer, '80' Hospital, 'FA' Facility.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person, '2' Non Person Entity.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.				
NM104	First Name	AN	1/25	S
Individual first name. Use this name only if NM102 is "1".				
NM105	Middle Name	AN	1/25	S
Individual middle name or initial. Use this name only if NM102 is "1".				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Suffix to individual name. Use this name only if NM102 is "1".				
NM108	Identification Code Qualifier	ID	1/2	R
Code designating the system/method of code structure used for Identification Code (67). Valid values: '24' Employer's Identification Number, '46' Electronic Transmitter Identification Number (ETIN), 'FI' Federal Taxpayer's ID number, 'NI' National Association of Insurance Commissioners (NAIC) Identification, 'PI' Payer Identification, 'PP' Pharmacy Processor Number, 'XV' Health Care Financing Administration National PlanID (Required if mandated), 'XX' 'XX' Health Care Financing Administration National Provider ID (Required if mandated)				
NM109	Identification Code	AN	2/80	R
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

INFORMATION RECEIVER ADDITIONAL IDENTIFICATION

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values: '0B' State License Number, '1C' Medicare Provider Number, '1D' Medicaid Provider Number, '1J' Facility ID Number, '4A' Personal Identification Number (PIN), 'CT' Contract Number, 'EL' Electronic device pin number, 'EO' Submitter Identification Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'JD' User Identification, 'N5' Provider Plan Network Identification Number, 'N7' Facility Network Identification Number, 'Q4' Prior Identifier Number, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content. Use this element for the two character state ID of the state assigning the identifier supplied in REF02.				
REF04	Reference Identifier			Not Used

INFORMATION RECEIVER ADDRESS

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 060

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

INFORMATION RECEIVER CITY/STATE/ZIP CODE

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 070

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	R
Free-form text for city name (information receiver’s address).				
N402	State or Province Code	ID	2/2	R
Code (Standard State/Province) as defined by appropriate government agency (information receiver’s address).				
N403	Postal Code	ID	3/15	R
Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
N404	Country Code	ID	2/3	S
Code identifying the country				
N405	Location Qualifier	ID	1/2	Not Used
N406	Location Qualifier	AN	1/30	Not Used

INFORMATION RECEIVER CONTACT INFORMATION

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 080

Loop: 2100

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	AN	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone.				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone, 'EX' Telephone Extension.				
PER06	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.				
PER07	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone, 'EX' Telephone Extension.				
PER08	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.				

INFORMATION RECEIVER PROVIDER INFORMATION

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 1

PRV Provider Information

Level: Detail

Position: 090

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

Reference	X12 Element Name	Data Types	Length	Required
PRV01	Provider Code	ID	1/3	R
Code identifying the type of provider. Valid Values AD Admitting, AT Attending, BI Billing, CO Consulting, CV Covering, H Hospital, HH Home Health Care, LA Laboratory, OT Other Physician, P1 Pharmacist, P2 Pharmacy, PC Primary Care Physician, PE Performing, R Rural Health Clinic, RF Referring, SB Submitting, SK Skilled Nursing Facility, SU Supervising				
PRV02	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the code values that is mutually defined (ZZ) may be used.				
PRV03	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.				
PRV04	State or Province Code	ID	2/2	Not Used
PRV05	Provider Specialty Information			Not Used
PRV06	Provider Organization Code	ID	3/3	Not Used

SUBSCRIBER LEVEL

Loop: 2000C — SUBSCRIBER LEVEL

Repeat: >1

Usage: REQUIRED

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

HL02	Hierarchical Parent ID Number	AN	1/12	R
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Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	Hierarchical Level Code	ID	1/2	R
------	-------------------------	----	-----	---

Code defining the characteristic of a level in a hierarchical structure. Use Value '22' – Subscriber.

HL04	Hierarchical Child Code	ID	1/1	R
------	-------------------------	----	-----	---

Code indicating if there are hierarchical child data segments subordinate to the level being described. If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero). Valid Values: '0' No Subordinate HL Segment in This Hierarchical Structure, '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.

SUBSCRIBER TRACE NUMBER

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 2

TRN Trace

Level: Detail

Position: 020

Loop: 2000

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application. 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.

Reference	X12 Element Name	Data Types	Length	Required
TRN01	Trace Type Code	ID	1/2	R
Code identifying which transaction is being referenced. Valid Values: '1' Current Transaction Trace Numbers.				
TRN02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN02 provides unique identification for the transaction.				
TRN03	Originating Company Identifier	AN	10/10	R
Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02).				
TRN04	Reference Identification	AN	1/30	S
Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).				

SUBSCRIBER NAME

Loop: 2100C — SUBSCRIBER NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: 'IL' Insured or Subscriber.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the subscriber's last name.				
NM104	First Name	AN	1/25	S
Use this name for the subscriber's first name.				
NM105	Middle Name	AN	1/25	S
Use this name for the subscriber's middle name.				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III.				
NM108	Identification Code Qualifier	ID	1/2	S
Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. Valid Values: 'MI' Member Identification Number, 'ZZ' Mutually Defined.				
NM109	Identification Code	AN	2/80	S
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

SUBSCRIBER ADDITIONAL IDENTIFICATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values; '18' Plan Number, '1L' Group or Policy Number, '1W' Member Identification Number, '49' Family Unit Number, '6P' Group Number, 'A6' Employee Identification Number, 'CT' Contract Number, 'EA' Medical Record Identification Number, 'EJ' Patient Account Number, 'F6' Health Insurance Claim (HIC) Number, 'GH' Identification Card Serial Number, 'HJ' Identity Card Number, 'IG' Insurance Policy Number, 'N6' Plan Network Identification Number, 'NQ' Medicaid Recipient Identification Number, 'SY' Social Security Number.				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	Not Used
REF04	Reference Identifier			Not Used

SUBSCRIBER ADDRESS

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 060

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 070

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (subscriber's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (subscriber's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier	ID	1/2	Not Used
N406	Location Qualifier	AN	1/30	Not Used

PROVIDER INFORMATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

PRV Provider Information

Level: Detail

Position: 090

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

Reference	X12 Element Name	Data Types	Length	Required
PRV01	Provider Code	ID	1/3	R
Code identifying the type of provider. Valid Values AD Admitting, AT Attending, BI Billing, CO Consulting, CV Covering, H Hospital, HH Home Health Care, LA Laboratory, OT Other Physician, P1 Pharmacist, P2 Pharmacy, PC Primary Care Physician, PE Performing, R Rural Health Clinic, RF Referring, SB Submitting, SK Skilled Nursing Facility, SU Supervising				
PRV02	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used. Valid Values: '9K' Servicer, 'D3' National Association of Boards of Pharmacy Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number, 'ZZ' Mutually Defined.				
PRV03	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.				
PRV04	State or Province Code	ID	2/2	Not Used
PRV05	Provider Specialty Information			Not Used
PRV06	Provider Organization Code	ID	3/3	Not Used

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

DMG Demographic Information

Level: Detail

Position: 100

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Reference	X12 Element Name	Data Types	Length	Required
DMG01	Date Time Period Format Qualifier	ID	2/3	S
Use this code to indicate the format of the date of birth that follows in DMG02. Valid value: 'D8' Date Expressed in Format CCYYMMDD.				
DMG02	Date Time Period	AN	1/35	S
Use this date for the date of birth of the individual.				
DMG03	Gender Code	ID	1/1	S
Subscriber's gender. Valid values: 'M' Male, 'F' Female.				
DMG04	Marital Status Code	ID	1/1	Not Used
DMG05	Race or Ethnicity Code	ID	1/1	Not Used
DMG06	Citizenship Status Code	ID	1/2	Not Used
DMG07	Country Code	ID	2/3	Not Used
DMG08	Basis of Verification Code	ID	1/2	Not Used
DMG09	Quantity	R	1/15	Not Used

SUBSCRIBER RELATIONSHIP

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

INS Insured Benefit

Level: Detail

Position: 110

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

Reference	X12 Element Name	Data Types	Length	Required
INS01	Yes/No Condition or Response Code	ID	1/1	R
INS01 indicates status of the insured. A “Y” value indicates the insured is a subscriber; an “N” value indicates the insured is a dependent. Valid Value: ‘Y’ Yes.				
INS02	Individual Relationship Code	ID	2/2	R
Code indicating the relationship between two individuals or entities. Valid vales: '18' Self.				
INS03	Maintenance Type Code	ID	3/3	Not Used
INS04	Maintenance Reason Code	ID	2/3	Not Used
INS05	Benefit Status Code	ID	1/1	Not Used
INS06	Medicare Plan Code	ID	1/1	Not Used
INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	ID	1/2	Not Used
INS08	Employment Status Code	ID	2/2	Not Used
INS09	Student Status Code	ID	1/1	Not Used

INS10	Yes/No Condition or Response Code	ID	1/1	Not Used
INS11	Date Time Period Format Qualifier	ID	2/3	Not Used
INS12	Date Time Period	AN	1/35	Not Used
INS13	Confidentiality Code	ID	1/1	Not Used
INS14	City Name	AN	2/30	Not Used
INS15	State or Province Code	ID	2/2	Not Used
INS16	Country Code	ID	2/3	Not Used
INS17	Number	N0	1/9	S

Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

SUBSCRIBER DATE

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 2

DTP Date or Time or Period

Level: Detail

Position: 120

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R
Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request: 307 - Eligibility, 435 - Admission or 472 - Service.				
DTP02	Date Time Period Format Qualifier	ID	2/3	R
Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYMMDD, 'RD8' Range of Dates Expressed in Format CCYMMDDCCYMMDD				
DTP03	Date Time Period	AN	1/35	R
Use this date for the date(s) as qualified by the preceding data elements.				

SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Repeat: 99

Usage: SITUATIONAL

EQ Eligibility or Benefit Inquiry

Level: Detail

Position: 130

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To specify inquired eligibility or benefit information

Reference	X12 Element Name	Data Types	Length	Required
EQ01	Service Type Code	ID	1/2	S
This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.				
EQ02	Composite Medical Procedure Identifier			S
To identify a medical procedure by its standardized codes and applicable modifiers. Not used if EQ01 is used.				
EQ02-1	Product/Service ID Qualifier		2/2	R
Use this code to qualify the type of specific Product/Service ID that will be used in EQ02-2. Valid Values: 'AD' American Dental Association Codes, 'CJ' Current Procedural Terminology (CPT) Codes, 'HC' Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes, Common Procedural Coding System, 'ID' International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure, 'IV' Home Infusion EDI Coalition (HIEC) Product/Service, 'N4' National Drug Code in 5-4-2 Format, 'ZZ' Mutually Defined				
EQ02-2	Product/Service ID	AN	1/48	R
Identifying number for a product or service.				
EQ02-3	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-4	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-5	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-6	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-7	Description	AN	1/80	Not Used

EQ03	Coverage Level Code	ID	3/3	S
Code indicating the level of coverage being provided for this insured. Valid Values: CHD Children Only, DEP Dependents Only, ECH Employee and Children, EMP Employee Only, ESP Employee and Spouse, FAM Family, IND Individual, SPC Spouse and Children, SPO Spouse Only				
EQ04	Insurance Type Code	ID	1/3	S
Code identifying the type of insurance policy within a specific insurance program. Valid Values: 'AP' Auto Insurance Policy, 'C1' Commercial, 'CO' Consolidated Omnibus Budget Reconciliation Act (COBRA), 'GP' Group Policy, 'HM' Health Maintenance Organization (HMO), 'HN' Health Maintenance Organization (HMO) – Medicare Risk, 'IP' Individual Policy, 'MA' Medicare Part A, 'MB' Medicare Part B, 'MC' Medicaid, 'PR' Preferred Provider Organization (PPO), 'PS' Point of Service (POS), 'SP' Supplemental Policy, 'WC' Workers Compensation				

SUBSCRIBER SPEND DOWN AMOUNT

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 1

AMT Monetary Amount

Level: Detail

Position: 135

Loop: 2110

Requirement: Optional

Max Use: 2

Purpose: To indicate the total monetary amount

Reference	X12 Element Name	Data Types	Length	Required
AMT01	Amount Qualifier Code	ID	1/3	R
Code to qualify amount. Valid Values: 'R' Spend Down.				
AMT02	Monetary Amount	R	1/18	R
Use this monetary amount to specify the dollar amount associated with this inquiry.				
AMT03	Credit/Debit Flag Code	ID	1/1	Not Used

SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY INFORMATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 10

III Information

Level: Detail

Position: 170

Loop: 2110

Requirement: Optional

Max Use: 10

Purpose: To report information

Reference	X12 Element Name	Data Types	Length	Required
III01	Code List Qualifier Code	ID	1/3	R

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code. Valid Values:

- BF Diagnosis
- BK Principal Diagnosis
- ZZ Mutually Defined

III02	Industry Code	AN	1/30	R
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Code indicating a code from a specific industry code list. If III01 is either BK or BF, use this element for diagnosis code from code source 131. If III01 is ZZ, use this element for codes as listed below

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded

- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

III03	Code Category	ID	2/2	Not Used
III04	Free-Form Message Text	AN	1/264	Not Used
III05	Quantity	R	1/15	Not Used
III06	Composite Unit of Measure			Not Used
III07	Surface/Layer/Position Code	ID	2/2	Not Used
III08	Surface/Layer/Position Code	ID	2/2	Not Used
III09	Surface/Layer/Position Code	ID	2/2	Not Used

SUBSCRIBER ADDITIONAL INFORMATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 1

REF Reference Identification

Level: Detail

Position: 190

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values: 9F Referral Number G1 Prior Authorization Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	Not Used
REF04	Reference Identifier			Not Used

SUBSCRIBER ELIGIBILITY/BENEFIT DATE

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 1

DTP Date or Time or Period

Level: Detail

Position: 200

Loop: 2110

Requirement: Optional

Max Use: 9

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R
Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request: 307 - Eligibility, 435 - Admission or 472 - Service.				
DTP02	Date Time Period Format Qualifier	ID	2/3	R
Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD				
DTP03	Date Time Period	AN	1/35	R
Use this date for the date(s) as qualified by the preceding data elements.				

DEPENDENT LEVEL

Loop: 2000D — DEPENDENT LEVEL

Repeat: >1

Usage: SITUATIONAL

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).				
HL02	Hierarchical Parent ID Number	AN	1/12	R
Use this code to identify the specific hierarchical level to which this level is subordinate.				
HL03	Hierarchical Level Code	ID	1/2	R
Code defining the characteristic of a level in a hierarchical structure. Use Value '23' – Dependent.				
HL04	Hierarchical Child Code	ID	1/1	R
Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because no HL level is subordinate to this level, the code value in the HL04 at the Loop 2000D level should always be "0" (zero).				

DEPENDENT TRACE NUMBER

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 2

TRN Trace

Level: Detail

Position: 020

Loop: 2000

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application. 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.

Reference	X12 Element Name	Data Types	Length	Required
TRN01	Trace Type Code	ID	1/2	R
Code identifying which transaction is being referenced. Valid Values: '1' Current Transaction Trace Numbers.				
TRN02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN02 provides unique identification for the transaction.				
TRN03	Originating Company Identifier	AN	10/10	R
Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02).				
TRN04	Reference Identification	AN	1/30	S
Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).				

DEPENDENT NAME

Loop: 2100D — DEPENDENT NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '03' Dependent.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the dependent's last name.				
NM104	First Name	AN	1/25	S
Use this name for the dependent's first name.				
NM105	Middle Name	AN	1/25	S
Use this name for the dependent's middle name.				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III.				
NM108	Identification Code Qualifier	ID	1/2	Not Used
NM109	Identification Code	AN	2/80	Not Used
NM110	Entity Relationship Code	ID	2/2	Not Used

NM111	Entity Identifier Code	ID	2/3	Not Used
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DEPENDENT ADDITIONAL IDENTIFICATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values; '18' Plan Number, '1L' Group or Policy Number, '1W' Member Identification Number, '49' Family Unit Number, '6P' Group Number, 'A6' Employee Identification Number, 'CT' Contract Number, 'EA' Medical Record Identification Number, 'EJ' Patient Account Number, 'F6' Health Insurance Claim (HIC) Number, 'GH' Identification Card Serial Number, 'HJ' Identity Card Number, 'IG' Insurance Policy Number, 'N6' Plan Network Identification Number, 'NQ' Medicaid Recipient Identification Number, 'SY' Social Security Number.				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	Not Used
REF04	Reference Identifier			Not Used

DEPENDENT ADDRESS

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 060

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

DEPENDENT CITY/STATE/ZIP CODE

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 070

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (dependent's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (dependent's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier		1/2	Not Used
N406	Location Qualifier		1/30	Not Used

PROVIDER INFORMATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

PRV Provider Information

Level: Detail

Position: 090

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

Reference	X12 Element Name	Data Types	Length	Required
PRV01	Provider Code	ID	1/3	R
Code identifying the type of provider. Valid Values AD Admitting, AT Attending, BI Billing, CO Consulting, CV Covering, H Hospital, HH Home Health Care, LA Laboratory, OT Other Physician, P1 Pharmacist, P2 Pharmacy, PC Primary Care Physician, PE Performing, R Rural Health Clinic, RF Referring, SB Submitting, SK Skilled Nursing Facility, SU Supervising				
PRV02	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used. Valid Values: '9K' Servicer, 'D3' National Association of Boards of Pharmacy Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number, 'ZZ' Mutually Defined.				
PRV03	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.				
PRV04	State or Province Code	ID	2/2	Not Used
PRV05	Provider Specialty Information			Not Used
PRV06	Provider Organization Code	ID	3/3	Not Used

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: 2100C — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

DMG Demographic Information

Level: Detail

Position: 100

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Reference	X12 Element Name	Data Types	Length	Required
DMG01	Date Time Period Format Qualifier	ID	2/3	S
Use this code to indicate the format of the date of birth that follows in DMG02. Valid value: 'D8' Date Expressed in Format CCYYMMDD.				
DMG02	Date Time Period	AN	1/35	S
Use this date for the date of birth of the individual.				
DMG03	Gender Code	ID	1/1	S
Subscriber's gender. Valid values: 'M' Male, 'F' Female.				
DMG04	Marital Status Code	ID	1/1	Not Used
DMG05	Race or Ethnicity Code	ID	1/1	Not Used
DMG06	Citizenship Status Code	ID	1/2	Not Used
DMG07	Country Code	ID	2/3	Not Used
DMG08	Basis of Verification Code	ID	1/2	Not Used
DMG09	Quantity	R	1/15	Not Used

DEPENDENT RELATIONSHIP

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

INS Insured Benefit

Level: Detail

Position: 110

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

Reference	X12 Element Name	Data Types	Length	Required
INS01	Yes/No Condition or Response Code	ID	1/1	R
INS01 indicates status of the insured. A “Y” value indicates the insured is a subscriber; an “N” value indicates the insured is a dependent. Valid Value: ‘N’ No.				
INS02	Individual Relationship Code	ID	2/2	R
Code indicating the relationship between two individuals or entities. Valid values: 01 Spouse, 19 Child, 34 Other Adult				
INS03	Maintenance Type Code	ID	3/3	Not Used
INS04	Maintenance Reason Code	ID	2/3	Not Used
INS05	Benefit Status Code	ID	1/1	Not Used
INS06	Medicare Plan Code	ID	1/1	Not Used
INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	ID	1/2	Not Used
INS08	Employment Status Code	ID	2/2	Not Used
INS09	Student Status Code	ID	1/1	Not Used

INS10	Yes/No Condition or Response Code	ID	1/1	Not Used
INS11	Date Time Period Format Qualifier	ID	2/3	Not Used
INS12	Date Time Period	AN	1/35	Not Used
INS13	Confidentiality Code	ID	1/1	Not Used
INS14	City Name	AN	2/30	Not Used
INS15	State or Province Code	ID	2/2	Not Used
INS16	Country Code	ID	2/3	Not Used
INS17	Number	NO	1/9	S

Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

DEPENDENT DATE

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 2

DTP Date or Time or Period

Level: Detail

Position: 120

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R
Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request: 307 - Eligibility, 435 - Admission or 472 - Service.				
DTP02	Date Time Period Format Qualifier	ID	2/3	R
Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYMMDD, 'RD8' Range of Dates Expressed in Format CCYMMDDCCYMMDD				
DTP03	Date Time Period	AN	1/35	R
Use this date for the date(s) as qualified by the preceding data elements.				

DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Loop: 2110D — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Repeat: 99

Usage: REQUIRED

EQ Eligibility or Benefit Inquiry

Level: Detail

Position: 130

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To specify inquired eligibility or benefit information

Reference	X12 Element Name	Data Types	Length	Required
EQ01	Service Type Code	ID	1/2	S
This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.				
EQ02	Composite Medical Procedure Identifier			S
To identify a medical procedure by its standardized codes and applicable modifiers. Not used if EQ01 is used.				
EQ02-1	Product/Service ID Qualifier	ID	2/2	R
Use this code to qualify the type of specific Product/Service ID that will be used in EQ02-2. Valid Values: 'AD' American Dental Association Codes, 'CJ' Current Procedural Terminology (CPT) Codes, 'HC' Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes, Common Procedural Coding System, 'ID' International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure, 'IV' Home Infusion EDI Coalition (HIEC) Product/Service, 'N4' National Drug Code in 5-4-2 Format, 'ZZ' Mutually Defined				
EQ02-2	Product/Service ID	AN	1/48	R
Identifying number for a product or service.				
EQ02-3	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-4	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-5	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-6	Procedure Modifier	AN	2/2	S
This identifies special circumstances related to the performance of the service, as defined by trading partners.				
EQ02-7	Description	AN	1/80	Not Used

EQ03	Coverage Level Code	ID	3/3	S
Code indicating the level of coverage being provided for this insured. Valid Values: CHD Children Only, DEP Dependents Only, ECH Employee and Children, EMP Employee Only, ESP Employee and Spouse, FAM Family, IND Individual, SPC Spouse and Children, SPO Spouse Only				
EQ04	Insurance Type Code	ID	1/3	S
Code identifying the type of insurance policy within a specific insurance program. Valid Values: 'AP' Auto Insurance Policy, 'C1' Commercial, 'CO' Consolidated Omnibus Budget Reconciliation Act (COBRA), 'GP' Group Policy, 'HM' Health Maintenance Organization (HMO), 'HN' Health Maintenance Organization (HMO) – Medicare Risk, 'IP' Individual Policy, 'MA' Medicare Part A, 'MB' Medicare Part B, 'MC' Medicaid, 'PR' Preferred Provider Organization (PPO), 'PS' Point of Service (POS), 'SP' Supplemental Policy, 'WC' Workers Compensation				

DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY INFORMATION
Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION
Usage: SITUATIONAL
Repeat: 10

III Information

Level: Detail
Position: 170
Loop: 2110
Requirement: Optional
Max Use: 10
Purpose: To report information

Reference	X12 Element Name	Data Types	Length	Required
III01	Code List Qualifier Code	ID	1/3	R

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code. Valid Values:

- BF Diagnosis
- BK Principal Diagnosis
- ZZ Mutually Defined

III02	Industry Code	AN	1/30	R
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Code indicating a code from a specific industry code list. If III01 is either BK or BF, use this element for diagnosis code from code source 131. If III01 is ZZ, use this element for codes as listed below

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded

- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

III03	Code Category	ID	2/2	Not Used
III04	Free-Form Message Text	AN	1/264	Not Used
III05	Quantity	R	1/15	Not Used
III06	Composite Unit of Measure			Not Used
III07	Surface/Layer/Position Code	ID	2/2	Not Used
III08	Surface/Layer/Position Code	ID	2/2	Not Used
III09	Surface/Layer/Position Code	ID	2/2	Not Used

DEPENDENT ADDITIONAL INFORMATION

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 1

REF Reference Identification

Level: Detail

Position: 190

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values: 9F Referral Number G1 Prior Authorization Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	Not Used
REF04	Reference Identifier			Not Used

DEPENDENT ELIGIBILITY/BENEFIT DATE

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 1

DTP Date or Time or Period

Level: Detail

Position: 200

Loop: 2110

Requirement: Optional

Max Use: 9

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R
Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request: 307 - Eligibility, 435 - Admission or 472 - Service.				
DTP02	Date Time Period Format Qualifier	ID	2/3	R
Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD				
DTP03	Date Time Period	AN	1/35	R
Use this date for the date(s) as qualified by the preceding data elements.				

TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

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

SE Transaction Set Trailer

Level: Detail

Position: 210

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
SE01	Number of Included Segments	N0	1/10	R

Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.

SE02	Transaction Set Control Number	AN	4/9	R
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The transaction set control numbers in ST02 and SE02 must be identical.

271 Data Element Table

Header

Reference	X12 Element Name	Required	Repeat	Loop Repeat
ST	Transaction Set Identifier Code	R	1	
BHT	Beginning of Hierarchical Transaction	R	1	

Information Source Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID - 2000A INFORMATION SOURCE LEVEL			>1
HL	Information Source Level	R	1	
AAA	Request Validation	S	9	
	LOOP ID - 2100A INFORMATION SOURCE NAME			1
NM1	Information Source Name	R	1	
REF	Information Source Additional Identification	S	9	
PER	Information Source Contact Identification	S	3	
AAA	Request Validation	S	9	

Information Receiver Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID – 2000B INFORMATION RECEIVER LEVEL			>1
HL	Information Receiver Level	S	1	
	LOOP ID – 2100B INFORMATION RECEIVER NAME			1
NM1	Information Receiver Name	R	1	
REF	Information Receiver Additional Identification	S	9	
AAA	Information Receiver Request Validation	S	9	

Subscriber Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
	LOOP ID – 2000C SUBSCRIBER LEVEL			>1
HL	Subscriber Level	S	1	
TRN	Subscriber Trace Number	S	3	
	LOOP ID – 2100C SUBSCRIBER NAME			1
NM1	Subscriber Name	R	1	
REF	Subscriber Additional Identification	S	9	
N3	Subscriber Address	S	1	
N4	Subscriber City/State/ZIP Code	S	1	

PER	Subscriber Contact Information	S	3	
AAA	Subscriber Request Validation	S	9	
DMG	Subscriber Demographic Information	S	1	
INS	Subscriber Relationship	S	1	
DTP	Subscriber Date	S	9	
LOOP ID - 2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				>1
EB	Subscriber Eligibility or Benefit Information	S	1	
HSD	Health Care Services Delivery	S	9	
REF	Subscriber Additional Identification	S	9	
DTP	Subscriber Eligibility/Benefit Date	S	20	
AAA	Subscriber Request Validation	S	9	
MSG	Message Text	S	10	
LOOP ID - 2115C SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION				10
III	Subscriber Eligibility or Benefit Additional information	S	1	
LS	Loop Header	S	1	
LOOP ID - 2120C SUBSCRIBER BENEFIT RELATED ENTITY NAME				1
NM1	Subscriber Benefit Related Entity Name	S	1	
N3	Subscriber Benefit Related Entity Address	S	1	
N4	Subscriber Benefit Related City/State/ZIP Code	S	1	
PER	Subscriber Benefit Related Entity Contact Information	S	3	
PRV	Subscriber Benefit Related Provider Information	S	1	
LE	Loop Trailer	S	1	

Dependent Level

Reference	X12 Element Name	Required	Repeat	Loop Repeat
LOOP ID – 2000D DEPEDENT LEVEL				>1
HL	Dependent Level	S	1	
TRN	Dependent Trace Number	S	3	
LOOP ID – 2100D DEPENDENT NAME				1
NM1	Dependent Name	R	1	
REF	Dependent Additional Identification	S	9	
N3	Dependent Address	S	1	
N4	Dependent City/State/ZIP Code	S	1	
PER	Dependent Contact Information	S	3	
AAA	Dependent Request Validation	S	9	
DMG	Dependent Demographic Information	S	1	

INS	Dependent Relationship	S	1	
DTP	Dependent Date	S	9	
LOOP ID – 2110D DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION				>1
EB	Dependent Eligibility or Benefit Information	S	1	
HSD	Health Care Services Delivery	S	9	
REF	Dependent Additional Identification	S	9	
DTP	Dependent Eligibility/Benefit Date	S	20	
AAA	Dependent Request Validation	S	9	
MSG	Message Text	S	10	
LOOP ID – 2115D SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION				10
III	Dependent Eligibility or Benefit Additional information	S	1	
LS	Loop Header	S	1	
LOOP ID – 2120D SUBSCRIBER BENEFIT RELATED ENTITY NAME				1
NM1	Dependent Benefit Related Entity Name	S	1	
N3	Dependent Benefit Related Entity Address	S	1	
N4	Dependent Benefit Related City/State/ZIP Code	S	1	
PER	Dependent Benefit Related Entity Contact Information	S	3	
PRV	Dependent Benefit Related Provider Information	S	1	
LE	Loop Trailer	S	1	
SE	Transaction Set Trailer	R	1	

TRANSACTION SET HEADER

Usage: REQUIRED

Position: 010

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

Reference	X12 Element Name	Data Types	Length	Required
ST01	Transaction Set Identifier	ID	3/3	R

Use 271 - Eligibility, Coverage or Benefit Information. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

ST02	Transaction Set Control Number	AN	4/9	R
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Assigned by Submitter. The value in ST02 must be identical to SE02. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: REQUIRED

Position: 020

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

Reference	X12 Element Name	Data Types	Length	Required
BHT01	Hierarchical Structure Code	ID	4/4	R

Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.

BHT02	Transaction Set Purpose Code	ID	2/2	R
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Code identifying purpose of transaction set. Valid values: '11' Response.

BHT03	Submitter Transaction Identifier	AN	1/30	S
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BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. This element is required to be used if the transaction is processed in Real Time.

BHT04	Transaction Set Creation Date	DT	8/8	R
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Use this date for the date the transaction set was generated. Date expressed as CCYYMMDD

BHT05	Transaction Set Creation Time	TM	4/8	R
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Use this time for the time the transaction set was generated. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD.

BHT06	Transaction Type Code	ID	2/2	Not Used
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INFORMATION SOURCE LEVEL

Loop: 2000A — INFORMATION SOURCE LEVEL

Repeat: >1

Usage: REQUIRED

Purpose: This segment is used to identify the information level (source). Use this segment to identify the hierarchical or entity level of information being conveyed.

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Repeat: >1

Usage: REQUIRED

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).				
HL02	Hierarchical Parent ID Number	AN	1/12	Not Used
HL03	Hierarchical Level Code	ID	1/2	R
Code defining the characteristic of a level in a hierarchical structure. Use Value '20' – Information Source.				
HL04	Hierarchical Child Code	ID	1/1	R
Code indicating if there are hierarchical child data segments subordinate to the level being described. Use Value: '0' No Subordinate HL Segment in This Hierarchical Structure, '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.				

REQUEST VALIDATION

Loop: 2000A — INFORMATION SOURCE LEVEL

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 025

Loop: 2000

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R

Code indicating a Yes or No condition or response. Valid Values:

'N' Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

'Y' Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA02	Agency Qualifier Code	2/2	ID	Not Used
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AAA03	Reject Reason Code	2/2	ID	R
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Code assigned by issuer to identify reason for rejection. Valid values:

'04' Authorized Quantity Exceeded

'41' Authorization/Access Restrictions

'42' Unable to Respond at Current Time

'79' Invalid Participant Identification

AAA04	Follow-up Action Code	1/1	ID	R
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Code identifying follow-up actions allowed. Valid values:

'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

INFORMATION SOURCE NAME

Loop: 2100A — INFORMATION SOURCE NAME

Usage: REQUIRED

Repeat: 1

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

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Repeat: >1

Requirement: Optional

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '2B' Third Party Administrator, '36' Employer, 'GP' Gateway Provider, 'P5' Plan Sponsor, 'PR' Payer.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity. Valid values: '1' Person, '2' Non Person Entity.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.				
NM104	First Name	AN	1/25	S
Individual first name. Use this name only if NM102 is "1".				
NM105	Middle Name	AN	1/25	S
Individual middle name or initial. Use this name only if NM102 is "1".				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Suffix to individual name. Use this name only if NM102 is "1".				
NM108	Identification Code Qualifier	ID	1/2	R
Code designating the system/method of code structure used for Identification Code (67). Valid values: '24' Employer's Identification Number, '46' Electronic Transmitter Identification Number (ETIN), 'FI' Federal Taxpayer's ID number, 'NI' National Association of Insurance Commissioners (NAIC) Identification, 'PI' Payer Identification, 'PP' Pharmacy Processor Number, 'XV' Health Care Financing Administration National PlanID (Required if mandated), 'XX' 'XX' Health Care Financing Administration National Provider ID (Required if mandated)				
NM109	Identification Code	AN	2/80	R
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

INFORMATION SOURCE ADDITIONAL IDENTIFICATION

Loop: 2100A — INFORMATION SOURCE NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values: 18 Plan Number 55 Sequence Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content.				
REF04	Reference Identifier			Not Used

INFORMATION SOURCE CONTACT INFORMATION

Loop: 2100A — INFORMATION SOURCE NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 080

Loop: 2100

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	ID	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone.				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone, 'EX' Telephone Extension.				
PER06	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.				
PER07	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'ED' Electronic Data Interchange Access Number, 'EM' Electronic Mail, 'FX' Facsimile, 'TE' Telephone, 'EX' Telephone Extension.				
PER08	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.				

REQUEST VALIDATION

Loop: 2100A — INFORMATION SOURCE LEVEL

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 085

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R
Code indicating a Yes or No condition or response. Valid Values: 'N' Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. 'Y' Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.				
AAA02	Agency Qualifier Code	2/2	ID	Not Used
AAA03	Reject Reason Code	2/2	ID	R
Code assigned by issuer to identify reason for rejection. Valid values: '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	Follow-up Action Code	1/1	ID	R
Code identifying follow-up actions allowed. Valid values: '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				

INFORMATION RECEIVER LEVEL

Loop: 2000B — INFORMATION SOURCE LEVEL

Repeat: >1

Usage: SITUATIONAL

Purpose: This segment is used to identify the information level (source). Use this segment to identify the hierarchical or entity level of information being conveyed.

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Max Use: 1

Usage: REQUIRED

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

HL02	Hierarchical Parent ID Number	AN	1/12	R
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Use this ID number to identify the specific hierarchical level to which this level is subordinate.

HL03	Hierarchical Level Code	ID	1/2	R
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Code defining the characteristic of a level in a hierarchical structure. Use Value '21' – Information Receiver.

HL04	Hierarchical Child Code	ID	1/1	R
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Code indicating if there are hierarchical child data segments subordinate to the level being described. Use Value

'0' - No Subordinate HL Segment in This Hierarchical Structure

'1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Max Use: 1

Requirement: Optional

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '1P' Provider, '2B' Third Party Administrator, '36' Employer, 'GP' Gateway Provider, 'P5' Plan Sponsor, 'PR' Payer, '80' Hospital, 'FA' Facility.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person, '2' Non Person Entity.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.				
NM104	First Name	AN	1/25	S
Individual first name. Use this name only if NM102 is "1".				
NM105	Middle Name	AN	1/25	S
Individual middle name or initial. Use this name only if NM102 is "1".				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Suffix to individual name. Use this name only if NM102 is "1".				
NM108	Identification Code Qualifier	ID	1/2	R
Code designating the system/method of code structure used for Identification Code (67). Valid values: '24' Employer's Identification Number, '46' Electronic Transmitter Identification Number (ETIN), 'FI' Federal Taxpayer's ID number, 'NI' National Association of Insurance Commissioners (NAIC) Identification, 'PI' Payer Identification, 'PP' Pharmacy Processor Number, 'XV' Health Care Financing Administration National PlanID (Required if mandated), 'XX' 'XX' Health Care Financing Administration National Provider ID (Required if mandated)				
NM109	Identification Code	AN	2/80	R
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

INFORMATION RECEIVER ADDITIONAL IDENTIFICATION

Loop: 2100B — INFORMATION RECEIVER NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values: '0B' State License Number, '1C' Medicare Provider Number, '1D' Medicaid Provider Number, '1J' Facility ID Number, '4A' Personal Identification Number (PIN), 'CT' Contract Number, 'EL' Electronic device pin number, 'EO' Submitter Identification Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'JD' User Identification, 'N5' Provider Plan Network Identification Number, 'N7' Facility Network Identification Number, 'Q4' Prior Identifier Number, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content. Use this element for the two character state ID of the state assigning the identifier supplied in REF02.				
REF04	Reference Identifier			Not Used

INFORMATION RECEIVER REQUEST VALIDATION

Loop: 2100B — INFORMATION SOURCE LEVEL

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 085

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R

Code indicating a Yes or No condition or response. Valid Values:

'N' Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

'Y' Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA02	Agency Qualifier Code	2/2	ID	Not Used
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AAA03	Reject Reason Code	2/2	ID	R
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Code assigned by issuer to identify reason for rejection. Valid values:

'15' Required application data missing.

'41' Authorization/Access Restrictions

'43' Invalid/Missing Provider Identification

'44' Invalid/Missing Provider Name

'45' Invalid/Missing Provider Specialty

'46' Invalid/Missing Provider Phone Number

'47' Invalid/Missing Provider State

'48' Invalid/Missing Referring Provider Identification Number

'50' Provider Ineligible for Inquiries

'51' Provider Not on File

'79' Invalid Participant Identification

'97' Invalid or Missing Provider Address

'T4' Payer Name or Identifier Missing

AAA04	Follow-up Action Code	1/1	ID	R
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Code identifying follow-up actions allowed. Valid values:

'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

SUBSCRIBER LEVEL

Loop: 2000C — SUBSCRIBER LEVEL

Repeat: >1

Usage: REQUIRED

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

HL02	Hierarchical Parent ID Number	AN	1/12	R
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Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	Hierarchical Level Code	ID	1/2	R
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Code defining the characteristic of a level in a hierarchical structure. Use Value '22' – Subscriber.

HL04	Hierarchical Child Code	ID	1/1	R
------	-------------------------	----	-----	---

Code indicating if there are hierarchical child data segments subordinate to the level being described. If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero). Valid Values: '0' No Subordinate HL Segment in This Hierarchical Structure, '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.

SUBSCRIBER TRACE NUMBER

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 3

TRN Trace

Level: Detail

Position: 020

Loop: 2000

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application. 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.

Reference	X12 Element Name	Data Types	Length	Required
TRN01	Trace Type Code	ID	1/2	R

Code identifying which transaction is being referenced. Valid Values:

'1' Current Transaction Trace Numbers

'2' Referenced Transaction Trace Numbers

TRN02	Reference Identification	AN	1/30	R
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN02 provides unique identification for the transaction.

TRN03	Originating Company Identifier	AN	10/10	R
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Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", use this information to identify the organization that assigned this trace number.

TRN04	Reference Identification	AN	1/30	S
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Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).

If TRN01 is "2", this is the value received in the original 270 transaction.

If TRN01 is "1", use this information if necessary to further identify a specific component, such as a specific division or group of the entity identified in the previous data element (TRN03).

SUBSCRIBER NAME

Loop: 2100C — SUBSCRIBER NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Requirement: Optional

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: 'IL' Insured or Subscriber.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the subscriber's last name.				
NM104	First Name	AN	1/25	S
Use this name for the subscriber's first name.				
NM105	Middle Name	AN	1/25	S
Use this name for the subscriber's middle name.				
NM106	Name Prefix	AN	1/10	S
Use this only to convey a person's Military Rank.				
NM107	Name Suffix	AN	1/10	S
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III.				
NM108	Identification Code Qualifier	ID	1/2	S
Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. Valid Values: 'MI' Member Identification Number, 'ZZ' Mutually Defined.				
NM109	Identification Code	AN	2/80	S
Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

SUBSCRIBER ADDITIONAL IDENTIFICATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values; '18' Plan Number, '1L' Group or Policy Number, '1W' Member Identification Number, '49' Family Unit Number, '6P' Group Number, 'A6' Employee Identification Number, 'CT' Contract Number, 'EA' Medical Record Identification Number, 'EJ' Patient Account Number, 'F6' Health Insurance Claim (HIC) Number, 'GH' Identification Card Serial Number, 'HJ' Identity Card Number, 'IG' Insurance Policy Number, 'N6' Plan Network Identification Number, 'NQ' Medicaid Recipient Identification Number, 'SY' Social Security Number.				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content.				
REF04	Reference Identifier			Not Used

SUBSCRIBER ADDRESS

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 060

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 070

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (subscriber's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (subscriber's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier	ID	1/2	S
Code identifying type of location. Valid values: 'CY' County/Parish 'FI' Federal Information Processing Standards (FIPS) 55 (Named Populated Places)				
N406	Location Qualifier	AN	1/30	S
Use this to identify the location as qualified by the preceding data element (N405).				

SUBSCRIBER CONTACT INFORMATION

Loop: 2100C — SUBSCRIBER RECEIVER NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 080

Loop: 2100

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	AN	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: 'HP' Home Phone Number 'TE' Telephone 'WP' Work Phone Number				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'EX' Telephone Extension 'HP' Home Phone Number 'TE' Telephone 'WP' Work Phone Number				
PER06	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable.				
PER07	Communication Number Qualifier	ID	2/2	S

Code identifying the type of communication number. . Valid Values:

'EX' Telephone Extension

'HP' Home Phone Number

'TE' Telephone

'WP' Work Phone Number

PER08	Communication Number	AN	1/80	S
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Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.

PER09	Contact Inquiry Reference	AN	1/20	Not Used
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SUBSCRIBER REQUEST VALIDATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 085

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R

Code indicating a Yes or No condition or response. Valid Values:

'N' Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

'Y' Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA02	Agency Qualifier Code	2/2	ID	Not Used
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AAA03	Reject Reason Code	2/2	ID	R
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Code assigned by issuer to identify reason for rejection. Valid values:

- '15' Required application data missing.
- '42' Unable to Respond at Current Time
- '43' Invalid/Missing Provider Identification
- '45' Invalid/Missing Provider Specialty
- '47' Invalid/Missing Provider State
- '48' Invalid/Missing Referring Provider Identification Number
- '49' Provider is Not Primary Care Physician
- '51' Provider Not on File
- '52' Service Dates Not Within Provider Plan Enrollment
- '56' Inappropriate Date
- '57' Invalid/Missing Date(s) of Service
- '58' Invalid/Missing Date-of-Birth
- '60' Date of Birth Follows Date(s) of Service
- '61' Date of Death Precedes Date(s) of Service
- '62' Date of Service Not Within Allowable Inquiry Period
- '63' Date of Service in Future
- '64' Invalid/Missing Patient ID
- '65' Invalid/Missing Patient Name

- '66' Invalid/Missing Patient Gender Code
- '67' Patient Not Found
- '68' Duplicate Patient ID Number
- '71' Patient Birth Date Does Not Match That for the Patient on the Database
- '72' Invalid/Missing Subscriber/Insured ID
- '73' Invalid/Missing Subscriber/Insured Name
- '74' Invalid/Missing Subscriber/Insured Gender Code
- '75' Subscriber/Insured Not Found
- '76' Duplicate Subscriber/Insured ID Number
- '77' Subscriber Found, Patient Not Found
- '78' Subscriber/Insured Not in Group/Plan Identified

AAA04	Follow-up Action Code	1/1	ID	R
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Code identifying follow-up actions allowed. Valid values:

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

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

DMG Demographic Information

Level: Detail

Position: 100

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Reference	X12 Element Name	Data Types	Length	Required
DMG01	Date Time Period Format Qualifier	ID	2/3	S
Use this code to indicate the format of the date of birth that follows in DMG02. Valid value: 'D8' Date Expressed in Format CCYYMMDD.				
DMG02	Date Time Period	AN	1/35	S
Use this date for the date of birth of the subscriber.				
DMG03	Gender Code	ID	1/1	S
Subscriber's gender. Valid values: 'M' Male, 'F' Female, 'U' Unknown				
DMG04	Marital Status Code	ID	1/1	Not Used
DMG05	Race or Ethnicity Code	ID	1/1	Not Used
DMG06	Citizenship Status Code	ID	1/2	Not Used
DMG07	Country Code	ID	2/3	Not Used
DMG08	Basis of Verification Code	ID	1/2	Not Used
DMG09	Quantity	R	1/15	Not Used

SUBSCRIBER RELATIONSHIP

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

INS Insured Benefit

Level: Detail

Position: 110

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

Reference	X12 Element Name	Data Types	Length	Required
INS01	Yes/No Condition or Response Code	ID	1/1	R
INS01 indicates status of the insured. A “Y” value indicates the insured is a subscriber; an “N” value indicates the insured is a dependent. Valid Value: ‘Y’ Yes.				
INS02	Individual Relationship Code	ID	2/2	R
Code indicating the relationship between two individuals or entities. Valid value: ‘18’ Self				
INS03	Maintenance Type Code	ID	3/3	S
Code identifying the specific type of item maintenance. Valid value: ‘001’ Change				
INS04	Maintenance Reason Code	ID	2/3	S
Code identifying the reason for the maintenance change. Valid value: ‘25’ Change in Identifying Data Elements				
INS05	Benefit Status Code	ID	1/1	Not Used
INS06	Medicare Plan Code	ID	1/1	Not Used
INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	ID	1/2	Not Used
INS08	Employment Status Code	ID	2/2	Not Used
INS09	Student Status Code	ID	1/1	S
Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured. Valid Values:				

F Full-time
 N Not a Student
 P Part-time

INS10	Yes/No Condition or Response Code	ID	1/1	S
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Code indicating a Yes or No condition or response. Valid values: 'N' No, 'Y' Yes.

INS11	Date Time Period Format Qualifier	ID	2/3	Not Used
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INS12	Date Time Period	AN	1/35	Not Used
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INS13	Confidentiality Code	ID	1/1	Not Used
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INS14	City Name	AN	2/30	Not Used
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INS15	State or Province Code	ID	2/2	Not Used
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INS16	Country Code	ID	2/3	Not Used
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INS17	Number	N0	1/9	S
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Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

SUBSCRIBER DATE

Loop: 2100C — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

DTP Date or Time or Period

Level: Detail

Position: 120

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R

Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request:

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

DTP02	Date Time Period Format Qualifier	ID	2/3	R
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Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD

DTP03	Date Time Period	AN	1/35	R
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Use this date for the date(s) as qualified by the preceding data elements.

SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Repeat: >1

Usage: SITUATIONAL

EB Eligibility or Benefit Information

Level: Detail

Position: 130

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To supply eligibility or benefit information

Reference	X12 Element Name	Data Types	Length	Required
EB01	Eligibility or Benefit Information	ID	1/2	R

Code identifying eligibility or benefit information. Valid values:

- 1 Active Coverage
- 2 Active - Full Risk Capitation
- 3 Active - Services Capitated
- 4 Active - Services Capitated to Primary Care Physician
- 5 Active - Pending Investigation
- 6 Inactive
- 7 Inactive - Pending Eligibility Update
- 8 Inactive - Pending Investigation
- A Co-Insurance
- B Co-Payment
- C Deductible
- CB Coverage Basis
- D Benefit Description
- E Exclusions
- F Limitations
- G Out of Pocket (Stop Loss)
- H Unlimited
- I Non-Covered
- J Cost Containment
- K Reserve
- L Primary Care Provider
- M Pre-existing Condition
- MC Managed Care Coordinator
- N Services Restricted to Following Provider
- O Not Deemed a Medical Necessity
- P Benefit Disclaimer

- Q Second Surgical Opinion Required
- R Other or Additional Payor
- S Prior Year(s) History
- T Card(s) Reported Lost/Stolen
- U Contact Following Entity for Eligibility or Benefit Information
- V Cannot Process
- W Other Source of Data
- X Health Care Facility
- Y Spend Down

EB02	Coverage Level Code	ID	3/3	S
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Code indicating the level of coverage being provided for this insured. Valid values:

- CHD Children Only
- DEP Dependents Only
- ECH Employee and Children
- EMP Employee Only
- ESP Employee and Spouse
- FAM Family
- IND Individual
- SPC Spouse and Children
- SPO Spouse Only

EB03	Service Type Code	ID	1/2	S
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Code identifying the classification of service. Valid values:

- 1 Medical Care
- 2 Surgical
- 3 Consultation
- 4 Diagnostic X-Ray
- 5 Diagnostic Lab
- 6 Radiation Therapy
- 7 Anesthesia
- 8 Surgical Assistance
- 9 Other Medical
- 10 Blood Charges
- 11 Used Durable Medical Equipment
- 12 Durable Medical Equipment Purchase
- 13 Ambulatory Service Center Facility
- 14 Renal Supplies in the Home
- 15 Alternate Method Dialysis
- 16 Chronic Renal Disease (CRD) Equipment
- 17 Pre-Admission Testing
- 18 Durable Medical Equipment Rental
- 19 Pneumonia Vaccine
- 20 Second Surgical Opinion

21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontics
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology

67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit – Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A6 Psychotherapy
A7 Psychiatric - Inpatient
A8 Psychiatric - Outpatient
A9 Rehabilitation
AA Rehabilitation - Room and Board

- AB Rehabilitation - Inpatient
- AC Rehabilitation - Outpatient
- AD Occupational Therapy
- AE Physical Medicine
- AF Speech Therapy
- AG Skilled Nursing Care
- AH Skilled Nursing Care - Room and Board
- AI Substance Abuse
- AJ Alcoholism
- AK Drug Addiction
- AL Vision (Optometry)
- AM Frames
- AN Routine Exam
- AO Lenses
- AQ Nonmedically Necessary Physical
- AR Experimental Drug Therapy
- BA Independent Medical Evaluation
- BB Partial Hospitalization (Psychiatric)
- BC Day Care (Psychiatric)
- BD Cognitive Therapy
- BE Massage Therapy
- BF Pulmonary Rehabilitation
- BG Cardiac Rehabilitation
- BH Pediatric
- BI Nursery
- BJ Skin
- BK Orthopedic
- BL Cardiac
- BM Lymphatic
- BN Gastrointestinal
- BP Endocrine
- BQ Neurology
- BR Eye
- BS Invasive Procedures

EB04	Insurance Type Code	ID	1/3	S
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Code identifying the type of insurance policy within a specific insurance program. Valid values:

12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan

14 Medicare Secondary, No-fault Insurance including Auto is Primary

15 Medicare Secondary Worker's Compensation

16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency

41 Medicare Secondary Black Lung

- 42 Medicare Secondary Veteran’s Administration
- 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- 47 Medicare Secondary, Other Liability Insurance is Primary
- AP Auto Insurance Policy
- C1 Commercial
- CO Consolidated Omnibus Budget Reconciliation Act (COBRA)
- CP Medicare Conditionally Primary
- D Disability
- DB Disability Benefits
- EP Exclusive Provider Organization
- FF Family or Friends
- GP Group Policy
- HM Health Maintenance Organization (HMO)
- HN Health Maintenance Organization (HMO) – Medicare Risk
- HS Special Low Income Medicare Beneficiary
- IN Indemnity
- IP Individual Policy
- LC Long Term Care
- LD Long Term Policy
- LI Life Insurance
- LT Litigation
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid
- MH Medigap Part A
- MI Medigap Part B
- MP Medicare Primary
- OT Other
- PE Property Insurance - Personal
- PL Personal
- PP Personal Payment (Cash - No Insurance)
- PR Preferred Provider Organization (PPO)
- PS Point of Service (POS)
- QM Qualified Medicare Beneficiary
- RP Property Insurance - Real
- SP Supplemental Policy
- TF Tax Equity Fiscal Responsibility Act (TEFRA)
- WC Workers Compensation
- WU Wrap Up Policy

EB05	Plan Coverage Description	AN	1/50	S
A description or number that identifies the plan or coverage				
EB06	Time Period Qualifier	ID	1/2	S

Use this code for the time period category for the benefits being described when needed to qualify benefit availability.
Valid values:

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

EB07	Monetary Amount	R	1/18	S
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Use this monetary amount as qualified by EB01.

EB08	Percent	R	1/10	S
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Use this percentage rate as qualified by EB01.

EB09	Quantity Qualifier	ID	2/2	S
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Code specifying the type of quantity. Valid values:

- 99 Quantity Used
- CA Covered - Actual
- CE Covered - Estimated
- DB Deductible Blood Units
- DY Days
- HS Hours
- LA Life-time Reserve - Actual
- LE Life-time Reserve - Estimated
- MN Month
- P6 Number of Services or Procedures
- QA Quantity Approved
- S7 Age, High Value
- S8 Age, Low Value
- VS Visits

YY Years

EB10	Quantity	R	1/15	S
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Use this number for the quantity value as qualified by the preceding data element (EB09).

EB011	Yes/No Condition or Response Cod	ID	1/1	S
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Code indicating a Yes or No condition or response. Use if it is necessary to indicate if authorization or certification is required. Valid values:

N No

U Unknown

Y Yes

EB12	Yes/No Condition or Response Cod	ID	1/1	S
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Code indicating a Yes or No condition or response. Use if it is necessary to indicate if benefits are considered In or Out of Plan-Network or not. Valid values:

N No

U Unknown

Y Yes

EB13	Composite Medical Procedure identifier			S
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To identify a medical procedure by its standardized codes and applicable modifiers.

EB13-1	Product/Service ID Qualifier	ID	2/2	R
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Use this code to identify the external code list of the following procedure/service code. Valid values:

AD American Dental Association Codes

CJ Current Procedural Terminology (CPT) Codes

HC Health Care Financing Administration Common

ID International Classification of Diseases Clinical

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

N4 National Drug Code in 5-4-2 Format

ZZ Mutually Defined

EB13-2	Product/Service ID	AN	1/48	R
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Use this ID number for the product/service code as qualified by the preceding data element.

EB13-3	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-4	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-5	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-6	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-7	Description	AN	1/80	Not Used
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HEALTH CARE SERVICES DELIVERY

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 9

HSD Health Care Services Delivery

Level: Detail

Position: 135

Loop: 2110

Requirement: Optional

Max Use: 9

Purpose: To specify the delivery pattern of health care services

Reference	X12 Element Name	Data Types	Length	Required
HSD01	Quantity Qualifier	ID	2/2	S

Code specifying the type of quantity. Valid values:

- DY Days
- FL Units
- HS Hours
- MN Month
- VS Visits

HSD02	Quantity	R	1/15	S
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Required if identifying type and quantity of benefits.

HSD03	Unit or Basis for Measurement Code	ID	2/2	S
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Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. Valid values:

- DA Days
- MO Months
- VS Visit
- WK Week
- YR Years

HSD04	Sample Selection Modulus	R	1/6	S
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To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

HSD05	Time Period Qualifier	ID	1/2	S
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Used if needed to provide further information about the number and frequency of benefits. Valid values:

- 6 Hour
- 7 Day
- 21 Years
- 22 Service Year

- 23 Calendar Year
- 24 Year to Date
- 25 Contract
- 26 Episode
- 27 Visit
- 28 Outlier
- 29 Remaining
- 30 Exceeded
- 31 Not Exceeded
- 32 Lifetime
- 33 Lifetime Remaining
- 34 Month
- 35 Week

HSD06	Number of Periods	N0	1/3	S
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Used if needed to provide further information about the number and frequency of benefits.

HSD07	Ship/Delivery or Calendar Pattern Code	ID	1/2	S
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Code which specifies the routine shipments, deliveries, or calendar pattern. Valid values:

- 1 1st Week of the Month
- 2 2nd Week of the Month
- 3 3rd Week of the Month
- 4 4th Week of the Month
- 5 5th Week of the Month
- 6 1st & 3rd Weeks of the Month
- 7 2nd & 4th Weeks of the Month
- 8 1st Working Day of Period
- 9 Last Working Day of Period
- A Monday through Friday
- B Monday through Saturday
- C Monday through Sunday
- D Monday
- E Tuesday
- F Wednesday
- G Thursday
- H Friday
- J Saturday
- K Sunday
- L Monday through Thursday
- M Immediately
- N As Directed
- O Daily Mon. through Fri.
- P 1/2 Mon. & 1/2 Thurs.
- Q 1/2 Tues. & 1/2 Thurs.

- R 1/2 Wed. & 1/2 Fri.
- S Once Anytime Mon. through Fri.
- SG Tuesday through Friday
- SL Monday, Tuesday and Thursday
- SP Monday, Tuesday and Friday
- SX Wednesday and Thursday
- SY Monday, Wednesday and Thursday
- SZ Tuesday, Thursday and Friday
- T 1/2 Tue. & 1/2 Fri.
- U 1/2 Mon. & 1/2 Wed.
- V 1/3 Mon., 1/3 Wed., 1/3 Fri.
- W Whenever Necessary
- X 1/2 By Wed., Bal. By Fri.
- Y None (Also Used to Cancel or Override a Previous Pattern)

HSD08	Ship/Delivery Pattern Time Code	ID	1/1	S
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Used if needed to provide further information about the number and frequency of benefits. Valid values:

- A 1st Shift (Normal Working Hours)
- B 2nd Shift
- C 3rd Shift
- D A.M.
- E P.M.
- F As Directed
- G Any Shift
- Y None (Also Used to Cancel or Override a Previous Pattern)

SUBSCRIBER ADDITIONAL INFORMATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 140

Loop: 2110

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values:				
18 Plan Number				
1L Group or Policy Number				
1W Member Identification Number				
49 Family Unit Number				
6P Group Number				
9F Referral Number				
A6 Employee Identification Number				
F6 Health Insurance Claim (HIC) Number				
G1 Prior Authorization Number				
IG Insurance Policy Number				
N6 Plan Network Identification Number				
NQ Medicaid Recipient Identification Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content.				
REF04	Reference Identifier			Not Used

SUBSCRIBER ELIGIBILITY/BENEFIT DATE

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 20

DTP Date or Time or Period

Level: Detail

Position: 150

Loop: 2110

Requirement: Optional

Max Use: 20

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R

Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request:

- 193 Period Start
- 194 Period End
- 198 Completion
- 290 Coordination of Benefits
- 292 Benefit
- 295 Primary Care Provider
- 304 Latest Visit or Consultation
- 307 Eligibility
- 318 Added
- 348 Benefit Begin
- 349 Benefit End
- 356 Eligibility Begin
- 357 Eligibility End
- 435 Admission
- 472 Service
- 636 Date of Last Update

DTP02	Date Time Period Format Qualifier	ID	2/3	R
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Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD

DTP03	Date Time Period	AN	1/35	R
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Use this date for the date(s) as qualified by the preceding data elements.

SUBSCRIBER REQUEST VALIDATION

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 160

Loop: 2110

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R

Code indicating a Yes or No condition or response. Valid Values:

‘N’ Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

‘Y’ Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA02	Agency Qualifier Code	2/2	ID	Not Used
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AAA03	Reject Reason Code	2/2	ID	R
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Code assigned by issuer to identify reason for rejection. Valid values:

- 15 Required application data missing
- 52 Service Dates Not Within Provider Plan Enrollment
- 53 Inquired Benefit Inconsistent with Provider Type
- 54 Inappropriate Product/Service ID Qualifier
- 55 Inappropriate Product/Service ID
- 56 Inappropriate Date
- 57 Invalid/Missing Date(s) of Service
- 60 Date of Birth Follows Date(s) of Service
- 61 Date of Death Precedes Date(s) of Service
- 62 Date of Service Not Within Allowable Inquiry Period
- 63 Date of Service in Future
- 69 Inconsistent with Patient’s Age
- 70 Inconsistent with Patient’s Gender

AAA04	Follow-up Action Code	1/1	ID	R
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Code identifying follow-up actions allowed. Valid values:

- ‘C’ Please Correct and Resubmit
- ‘N’ Resubmission Not Allowed

'R' Resubmission Allowed

'W' Please Wait 30 Days and Resubmit

'X' Please Wait 10 Days and Resubmit

'Y' Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

MESSAGE TEXT

Loop: 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 10

MSG Message Text

Level: Detail

Position: 250

Loop: 2110

Requirement: Optional

Max Use: 10

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

Reference	X12 Element Name	Data Types	Length	Required
MSG01	Free-Form Message Text	AN	1/264	R
Free-Form Message Text				
MSG02	Printer Carriage Control Code	ID	2/2	Not Used
MSG03	Number	N0	1/9	Not Used

SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION

Loop: 2115C — SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION

Usage: SITUATIONAL

Repeat: 10

III Information

Level: Detail

Position: 260

Loop: 2115

Requirement: Optional

Max Use: 1

Purpose: To report information

Reference	X12 Element Name	Data Types	Length	Required
III01	Code List Qualifier Code	ID	1/3	R

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code. Valid Values:

- BF Diagnosis
- BK Principal Diagnosis
- ZZ Mutually Defined

III02	Industry Code	AN	1/30	R
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Code indicating a code from a specific industry code list. If III01 is either BK or BF, use this element for diagnosis code from code source 131. If III01 is ZZ, use this element for codes as listed below

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded

- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

III03	Code Category	ID	2/2	Not Used
III04	Free-Form Message Text	AN	1/264	Not Used
III05	Quantity	R	1/15	Not Used
III06	Composite Unit of Measure			Not Used
III07	Surface/Layer/Position Code	ID	2/2	Not Used
III08	Surface/Layer/Position Code	ID	2/2	Not Used
III09	Surface/Layer/Position Code	ID	2/2	Not Used

LOOP HEADER**Loop:** 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION**Usage:** SITUATIONAL**Repeat:** 1**LS Loop Header****Level:** Detail**Position:** 330**Loop:** 2110**Requirement:** Optional**Max Use:** 1

Reference	X12 Element Name	Data Types	Length	Required
LS01	Loop Identifier Code	AN	1/6	R

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. This data element must have the value of "2120".

SUBSCRIBER BENEFIT RELATED ENTITY NAME

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 340

Loop: 2120

Requirement: Optional

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R

Code identifying an organizational entity, a physical location, property or an individual. Valid values:

- 13 Contracted Service Provider
- 1P Provider
- 2B Third-Party Administrator
- 36 Employer
- 73 Other Physician
- FA Facility
- GP Gateway Provider
- IL Insured or Subscriber
- LR Legal Representative
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P5 Plan Sponsor
- PR Payer
- PRP Primary Payer
- SEP Secondary Payer
- TTP Tertiary Payer
- VN Vendor
- X3 Utilization Management Organization

NM102	Entity Type Qualifier	ID	1/1	R
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Code qualifying the type of entity, Valid values: '1' Person, '2' Non-Person Entity

NM103	Name Last or Organization Name	AN	1/35	S
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Individual last name or organizational name.

NM104	First Name	AN	1/25	S
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Individual first name.

NM105	Middle Name	AN	1/25	S
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Individual middle name.

NM106	Name Prefix	AN	1/10	Not Used
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NM107	Name Suffix	AN	1/10	S
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Use this for the suffix to an individual's name; e.g., Sr., Jr. or III.

NM108	Identification Code Qualifier	ID	1/2	S
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If the entity being identified is a provider and the National Provider ID is mandated for use, code value "XX" must be used, otherwise, one of the other codes may be used. Valid values:

- 24 Employer's Identification Number
- 34 Social Security Number
- 46 Electronic Transmitter Identification Number (ETIN)
- FA Facility Identification
- FI Federal Taxpayer's Identification Number
- MI Member Identification Number
- NI National Association of Insurance Commissioners (NAIC) Identification
- PI Payor Identification
- PP Pharmacy Processor Number
- SV Service Provider Number
- XV Health Care Financing Administration National PlanID
- XX Health Care Financing Administration National Provider Identifier
- ZZ Mutually Defined

NM109	Identification Code	AN	2/80	S
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Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code

NM110	Entity Relationship Code	ID	2/2	Not Used
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NM111	Entity Identifier Code	ID	2/3	Not Used
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SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 360

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

SUBSCRIBER BENEFIT RELATED CITY/STATE/ZIP CODE

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 370

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (entity's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (entity's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier	ID	1/2	S
Code identifying type of location. Valid values: 'RJ' Region				
N406	Location Qualifier	AN	1/30	S
Code which identifies a specific location.				

SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 380

Loop: 2120

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	AN	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone WP Work Phone Number				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone WP Work Phone Number				
PER06	Communication Number	AN	1/80	S

Complete communications number including country or area code when applicable.

PER07	Communication Number Qualifier	ID	2/2	S
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Code identifying the type of communication number. . Valid Values:

ED Electronic Data Interchange Access Number

EM Electronic Mail

EX Telephone Extension

FX Facsimile

TE Telephone

WP Work Phone Number

PER08	Communication Number	AN	1/80	S
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Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.

PER09	Contact Inquiry Reference	AN	1/20	Not Used
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SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

PRV Provider Information

Level: Detail

Position: 390

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

Reference	X12 Element Name	Data Types	Length	Required
PRV01	Provider Code	ID	1/3	R
Code identifying the type of provider. Valid Values AD Admitting, AT Attending, BI Billing, CO Consulting, CV Covering, H Hospital, HH Home Health Care, LA Laboratory, OT Other Physician, P1 Pharmacist, P2 Pharmacy, PC Primary Care Physician, PE Performing, R Rural Health Clinic, RF Referring, SB Submitting, SK Skilled Nursing Facility, SU Supervising				
PRV02	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used. Valid Values: '9K' Servicer, 'D3' National Association of Boards of Pharmacy Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number, 'ZZ' Mutually Defined.				
PRV03	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.				
PRV04	State or Province Code	ID	2/2	Not Used
PRV05	Provider Specialty Information			Not Used
PRV06	Provider Organization Code	ID	3/3	Not Used

LOOP TRAILER**Loop:** 2110C — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION**Usage:** SITUATIONAL**Repeat:** 1**LE Loop Trailer****Level:** Detail**Position:** 400**Loop:** 2110**Requirement:** Optional**Max Use:** 1**Purpose:** To indicate that the loop immediately preceding this segment is complete

Reference	X12 Element Name	Data Types	Length	Required
LE01	Loop Identifier Code	AN	1/6	R

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. This data element must have the value of "2120".

DEPENDENT LEVEL

Loop: 2000D — DEPENDENT LEVEL

Repeat: >1

Usage: SITUATIONAL

HL Hierarchical Level

Level: Detail

Position: 010

Loop: 2000

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
HL01	Hierarchical ID Number	AN	1/12	R
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).				
HL02	Hierarchical Parent ID Number	AN	1/12	R
Use this ID number to identify the specific hierarchical level to which this level is subordinate.				
HL03	Hierarchical Level Code	ID	1/2	R
Code defining the characteristic of a level in a hierarchical structure. Use Value '23' – Dependent.				
HL04	Hierarchical Child Code	ID	1/1	R
Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because no HL level is subordinate to this level, the code value in the HL04 at the Loop 2000D level should always be "0" (zero).				

DEPENDENT TRACE NUMBER

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 3

TRN Trace

Level: Detail

Position: 020

Loop: 2000

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application. 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.

Reference	X12 Element Name	Data Types	Length	Required
TRN01	Trace Type Code	ID	1/2	R
Code identifying which transaction is being referenced. Valid Values: '1' Current Transaction Trace Numbers, '2' Referenced Transaction Trace Numbers				
TRN02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN02 provides unique identification for the transaction.				
TRN03	Originating Company Identifier	AN	10/10	R
Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", use this information to identify the organization that assigned this trace number.				
TRN04	Reference Identification	AN	1/30	S
Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03). If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", use this information if necessary to further identify a specific component, such as a specific division or group of the entity identified in the previous data element (TRN03).				

DEPENDENT NAME

Loop: 2100D — DEPENDENT NAME

Usage: REQUIRED

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100

Requirement: Optional

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R
Code identifying an organizational entity, a physical location, property or an individual. Valid values: '03' Dependent.				
NM102	Entity Type Qualifier	ID	1/1	R
Code qualifying the type of entity, Valid values: '1' Person.				
NM103	Name Last or Organization Name	AN	1/35	S
Use this name for the dependent's last name.				
NM104	First Name	AN	1/25	S
Use this name for the dependent's first name.				
NM105	Middle Name	AN	1/25	S
Use this name for the dependent's middle name.				
NM106	Name Prefix	AN	1/10	Not Used
NM107	Name Suffix	AN	1/10	S
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III.				
NM108	Identification Code Qualifier	ID	1/2	S
Use this element to qualify the identification number submitted in NM109. Valid values: MI Member Identification Number ZZ Mutually Defined				
NM109	Identification Code	AN	2/80	S
Use this code for the reference number as qualified by the preceding data element (NM108).				

NM110	Entity Relationship Code	ID	2/2	Not Used
NM111	Entity Identifier Code	ID	2/3	Not Used

DEPENDENT ADDITIONAL IDENTIFICATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values; '18' Plan Number, '1L' Group or Policy Number, '1W' Member Identification Number, '49' Family Unit Number, '6P' Group Number, 'A6' Employee Identification Number, 'CT' Contract Number, 'EA' Medical Record Identification Number, 'EJ' Patient Account Number, 'F6' Health Insurance Claim (HIC) Number, 'GH' Identification Card Serial Number, 'HJ' Identity Card Number, 'IG' Insurance Policy Number, 'N6' Plan Network Identification Number, 'NQ' Medicaid Recipient Identification Number, 'SY' Social Security Number.				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content				
REF04	Reference Identifier			Not Used

DEPENDENT ADDRESS

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 060

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

DEPENDENT CITY/STATE/ZIP CODE

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 070

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (dependent's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (dependent's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier	ID	1/2	Not Used
N406	Location Qualifier	AN	1/30	Not Used

DEPENDENT CONTACT INFORMATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 080

Loop: 2100

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	AN	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: 'HP' Home Phone Number 'TE' Telephone 'WP' Work Phone Number				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: 'EX' Telephone Extension 'HP' Home Phone Number 'TE' Telephone 'WP' Work Phone Number				
PER06	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable.				
PER07	Communication Number Qualifier	ID	2/2	S

Code identifying the type of communication number. . Valid Values:

'EX' Telephone Extension

'HP' Home Phone Number

'TE' Telephone

'WP' Work Phone Number

PER08	Communication Number	AN	1/80	S
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Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.

PER09	Contact Inquiry Reference	AN	1/20	Not Used
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DEPENDENT REQUEST VALIDATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 085

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R

Code indicating a Yes or No condition or response. Valid Values: 'N' No, 'Y' Yes

AAA02	Agency Qualifier Code	2/2	ID	Not Used
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AAA03	Reject Reason Code	2/2	ID	R
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Code assigned by issuer to identify reason for rejection. Valid values:

- 15 Required application data missing
- 42 Unable to Respond at Current Time
- 43 Invalid/Missing Provider Identification
- 45 Invalid/Missing Provider Specialty
- 47 Invalid/Missing Provider State
- 48 Invalid/Missing Referring Provider Identification Number
- 49 Provider is Not Primary Care Physician
- 51 Provider Not on File
- 52 Service Dates Not Within Provider Plan Enrollment
- 56 Inappropriate Date
- 57 Invalid/Missing Date(s) of Service
- 58 Invalid/Missing Date-of-Birth
- 60 Date of Birth Follows Date(s) of Service
- 61 Date of Death Precedes Date(s) of Service
- 62 Date of Service Not Within Allowable Inquiry Period
- 63 Date of Service in Future
- 64 Invalid/Missing Patient ID
- 65 Invalid/Missing Patient Name
- 66 Invalid/Missing Patient Gender Code
- 67 Patient Not Found

68 Duplicate Patient ID Number

71 Patient Birth Date Does Not Match That for the Patient on the Database

AAA04	Follow-up Action Code	1/1	ID	R
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Code identifying follow-up actions allowed. Valid values:

'C' Please Correct and Resubmit

'N' Resubmission Not Allowed

'R' Resubmission Allowed

'S' Do Not Resubmit; Inquiry Initiated to a Third Party

'W' Please Wait 30 Days and Resubmit

'X' Please Wait 10 Days and Resubmit

'Y' Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

DMG Demographic Information

Level: Detail

Position: 100

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Reference	X12 Element Name	Data Types	Length	Required
DMG01	Date Time Period Format Qualifier	ID	2/3	S
Use this code to indicate the format of the date of birth that follows in DMG02. Valid value: 'D8' Date Expressed in Format CCYYMMDD.				
DMG02	Date Time Period	AN	1/35	S
Use this date for the date of birth of the individual.				
DMG03	Gender Code	ID	1/1	S
Subscriber's gender. Valid values: 'M' Male, 'F' Female, 'U' Unknown				
DMG04	Marital Status Code	ID	1/1	Not Used
DMG05	Race or Ethnicity Code	ID	1/1	Not Used
DMG06	Citizenship Status Code	ID	1/2	Not Used
DMG07	Country Code	ID	2/3	Not Used
DMG08	Basis of Verification Code	ID	1/2	Not Used
DMG09	Quantity	R	1/15	Not Used

DEPENDENT RELATIONSHIP

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

INS Insured Benefit

Level: Detail

Position: 110

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

Reference	X12 Element Name	Data Types	Length	Required
INS01	Yes/No Condition or Response Code	ID	1/1	R
INS01 indicates status of the insured. A “Y” value indicates the insured is a subscriber: an “N” value indicates the insured is a dependent. Valid Value: ‘N’ No.				
INS02	Individual Relationship Code	ID	2/2	R
Code indicating the relationship between two individuals or entities. Valid values: 01 Spouse, 19 Child, 34 Other Adult				
INS03	Maintenance Type Code	ID	3/3	S
Code identifying the specific type of item maintenance. Valid value: '001' Change				
INS04	Maintenance Reason Code	ID	2/3	S
Code identifying the reason for the maintenance change. Valid value: '25' Change in Identifying Data Elements.				
INS05	Benefit Status Code	ID	1/1	Not Used
INS06	Medicare Plan Code	ID	1/1	Not Used
INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	ID	1/2	Not Used
INS08	Employment Status Code	ID	2/2	Not Used
INS09	Student Status Code	ID	1/1	S
Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured. Valid value:				

F Full-time
 N Not a Student
 P Part-time

INS10	Yes/No Condition or Response Code	ID	1/1	S
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Code indicating a Yes or No condition or response. Valid value: 'N' No, 'Y' Yes.

INS11	Date Time Period Format Qualifier	ID	2/3	Not Used
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INS12	Date Time Period	AN	1/35	Not Used
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INS13	Confidentiality Code	ID	1/1	Not Used
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INS14	City Name	AN	2/30	Not Used
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INS15	State or Province Code	ID	2/2	Not Used
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INS16	Country Code	ID	2/3	Not Used
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INS17	Number	N0	1/9	S
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Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

DEPENDENT DATE

Loop: 2100D — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 9

DTP Date or Time or Period

Level: Detail

Position: 120

Loop: 2100

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R
Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request:				
102 Issue				
152 Effective Date of Change				
291 Plan				
307 Eligibility				
318 Added				
340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin				
341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End				
342 Premium Paid to Date Begin				
343 Premium Paid to Date End				
346 Plan Begin				
347 Plan End				
382 Enrollment				
435 Admission				
442 Date of Death				
458 Certification				
472 Service				
539 Policy Effective				
540 Policy Expiration				
636 Date of Last Update				
DTP02	Date Time Period Format Qualifier	ID	2/3	R
Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD				
DTP03	Date Time Period	AN	1/35	R

Use this date for the date(s) as qualified by the preceding data elements.

DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Loop: 2110D — SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

Repeat: > 1

Usage: SITUATIONAL

EB Eligibility or Benefit Information

Level: Detail

Position: 130

Loop: 2110

Requirement: Optional

Max Use: 1

Purpose: To supply eligibility or benefit information

Reference	X12 Element Name	Data Types	Length	Required
EB01	Eligibility or Benefit Information	ID	1/2	R

Code identifying eligibility or benefit information. Valid values:

- 1 Active Coverage
- 2 Active - Full Risk Capitation
- 3 Active - Services Capitated
- 4 Active - Services Capitated to Primary Care Physician
- 5 Active - Pending Investigation
- 6 Inactive
- 7 Inactive - Pending Eligibility Update
- 8 Inactive - Pending Investigation
- A Co-Insurance
- B Co-Payment
- C Deductible
- CB Coverage Basis
- D Benefit Description
- E Exclusions
- F Limitations
- G Out of Pocket (Stop Loss)
- H Unlimited
- I Non-Covered
- J Cost Containment
- K Reserve
- L Primary Care Provider
- M Pre-existing Condition
- MC Managed Care Coordinator
- N Services Restricted to Following Provider
- O Not Deemed a Medical Necessity
- P Benefit Disclaimer

- Q Second Surgical Opinion Required
- R Other or Additional Payor
- S Prior Year(s) History
- T Card(s) Reported Lost/Stolen
- U Contact Following Entity for Eligibility or Benefit Information
- V Cannot Process
- W Other Source of Data
- X Health Care Facility
- Y Spend Down

EB02	Coverage Level Code	ID	3/3	S
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Code indicating the level of coverage being provided for this insured. Valid values:

- CHD Children Only
- DEP Dependents Only
- ECH Employee and Children
- EMP Employee Only
- ESP Employee and Spouse
- FAM Family
- IND Individual
- SPC Spouse and Children
- SPO Spouse Only

EB03	Service Type Code	ID	1/2	S
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Code identifying the classification of service. Valid values:

- 1 Medical Care
- 2 Surgical
- 3 Consultation
- 4 Diagnostic X-Ray
- 5 Diagnostic Lab
- 6 Radiation Therapy
- 7 Anesthesia
- 8 Surgical Assistance
- 9 Other Medical
- 10 Blood Charges
- 11 Used Durable Medical Equipment
- 12 Durable Medical Equipment Purchase
- 13 Ambulatory Service Center Facility
- 14 Renal Supplies in the Home
- 15 Alternate Method Dialysis
- 16 Chronic Renal Disease (CRD) Equipment
- 17 Pre-Admission Testing
- 18 Durable Medical Equipment Rental
- 19 Pneumonia Vaccine
- 20 Second Surgical Opinion

21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontics
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology

67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit – Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A6 Psychotherapy
A7 Psychiatric - Inpatient
A8 Psychiatric - Outpatient
A9 Rehabilitation
AA Rehabilitation - Room and Board

- AB Rehabilitation - Inpatient
- AC Rehabilitation - Outpatient
- AD Occupational Therapy
- AE Physical Medicine
- AF Speech Therapy
- AG Skilled Nursing Care
- AH Skilled Nursing Care - Room and Board
- AI Substance Abuse
- AJ Alcoholism
- AK Drug Addiction
- AL Vision (Optometry)
- AM Frames
- AN Routine Exam
- AO Lenses
- AQ Nonmedically Necessary Physical
- AR Experimental Drug Therapy
- BA Independent Medical Evaluation
- BB Partial Hospitalization (Psychiatric)
- BC Day Care (Psychiatric)
- BD Cognitive Therapy
- BE Massage Therapy
- BF Pulmonary Rehabilitation
- BG Cardiac Rehabilitation
- BH Pediatric
- BI Nursery
- BJ Skin
- BK Orthopedic
- BL Cardiac
- BM Lymphatic
- BN Gastrointestinal
- BP Endocrine
- BQ Neurology
- BR Eye
- BS Invasive Procedures

EB04	Insurance Type Code	ID	1/3	S
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Code identifying the type of insurance policy within a specific insurance program. Valid values:

- 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
- 14 Medicare Secondary, No-fault Insurance including Auto is Primary
- 15 Medicare Secondary Worker's Compensation
- 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- 41 Medicare Secondary Black Lung

- 42 Medicare Secondary Veteran’s Administration
- 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- 47 Medicare Secondary, Other Liability Insurance is Primary
- AP Auto Insurance Policy
- C1 Commercial
- CO Consolidated Omnibus Budget Reconciliation Act (COBRA)
- CP Medicare Conditionally Primary
- D Disability
- DB Disability Benefits
- EP Exclusive Provider Organization
- FF Family or Friends
- GP Group Policy
- HM Health Maintenance Organization (HMO)
- HN Health Maintenance Organization (HMO) – Medicare Risk
- HS Special Low Income Medicare Beneficiary
- IN Indemnity
- IP Individual Policy
- LC Long Term Care
- LD Long Term Policy
- LI Life Insurance
- LT Litigation
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid
- MH Medigap Part A
- MI Medigap Part B
- MP Medicare Primary
- OT Other
- PE Property Insurance - Personal
- PL Personal
- PP Personal Payment (Cash - No Insurance)
- PR Preferred Provider Organization (PPO)
- PS Point of Service (POS)
- QM Qualified Medicare Beneficiary
- RP Property Insurance - Real
- SP Supplemental Policy
- TF Tax Equity Fiscal Responsibility Act (TEFRA)
- WC Workers Compensation
- WU Wrap Up Policy

EB05	Plan Coverage Description	AN	1/50	S
A description or number that identifies the plan or coverage				
EB06	Time Period Qualifier	ID	1/2	S

Use this code for the time period category for the benefits being described when needed to qualify benefit availability.
Valid values:

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

EB07	Monetary Amount	R	1/18	S
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Use this monetary amount as qualified by EB01.

EB08	Percent	R	1/10	S
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Use this percentage rate as qualified by EB01.

EB09	Quantity Qualifier	ID	2/2	S
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Code specifying the type of quantity. Valid values:

- 99 Quantity Used
- CA Covered - Actual
- CE Covered - Estimated
- DB Deductible Blood Units
- DY Days
- HS Hours
- LA Life-time Reserve - Actual
- LE Life-time Reserve - Estimated
- MN Month
- P6 Number of Services or Procedures
- QA Quantity Approved
- S7 Age, High Value
- S8 Age, Low Value
- VS Visits

YY Years

EB10	Quantity	R	1/15	S
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Use this number for the quantity value as qualified by the preceding data element (EB09).

EB11	Yes/No Condition or Response Cod	ID	1/1	S
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Code indicating a Yes or No condition or response. Use if it is necessary to indicate if authorization or certification is required. Valid values:

N No

U Unknown

Y Yes

EB12	Yes/No Condition or Response Cod	ID	1/1	S
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Code indicating a Yes or No condition or response. Use if it is necessary to indicate if benefits are considered In or Out of Plan-Network or not. Valid values:

N No

U Unknown

Y Yes

EB13	Composite Medical Procedure identifier			S
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To identify a medical procedure by its standardized codes and applicable modifiers.

EB13-1	Product/Service ID Qualifier	ID	2/2	R
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Use this code to identify the external code list of the following procedure/service code. Valid values:

AD American Dental Association Codes

CJ Current Procedural Terminology (CPT) Codes

HC Health Care Financing Administration Common

ID International Classification of Diseases Clinical

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

N4 National Drug Code in 5-4-2 Format

ZZ Mutually Defined

EB13-2	Product/Service ID	AN	1/48	R
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Use this ID number for the product/service code as qualified by the preceding data element.

EB13-3	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-4	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-5	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-6	Procedure Modifier	AN	2/2	S
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Use this modifier for the procedure code identified in EB13- 2 if modifiers are needed to further specify the service.

EB13-7	Description	AN	1/80	Not Used
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HEALTH CARE SERVICES DELIVERY

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 9

HSD Health Care Services Delivery

Level: Detail

Position: 135

Loop: 2110

Requirement: Optional

Max Use: 9

Purpose: To specify the delivery pattern of health care services

Reference	X12 Element Name	Data Types	Length	Required
HSD01	Quantity Qualifier	ID	2/2	S

Code specifying the type of quantity. Valid values:

- DY Days
- FL Units
- HS Hours
- MN Month
- VS Visits

HSD02	Quantity	R	1/15	S
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Required if identifying type and quantity of benefits.

HSD03	Unit or Basis for Measurement Code	ID	2/2	S
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Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. Valid values:

- DA Days
- MO Months
- VS Visit
- WK Week
- YR Years

HSD04	Sample Selection Modulus	R	1/6	S
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To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every third bag, every 10 seconds

HSD05	Time Period Qualifier	ID	1/2	S
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Used if needed to provide further information about the number and frequency of benefits. Valid values:

- 6 Hour
- 7 Day
- 21 Years
- 22 Service Year

- 23 Calendar Year
- 24 Year to Date
- 25 Contract
- 26 Episode
- 27 Visit
- 28 Outlier
- 29 Remaining
- 30 Exceeded
- 31 Not Exceeded
- 32 Lifetime
- 33 Lifetime Remaining
- 34 Month
- 35 Week

HSD06	Number of Periods	N0	1/3	S
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Used if needed to provide further information about the number and frequency of benefits.

HSD07	Ship/Delivery or Calendar Pattern Code	ID	1/2	S
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Code which specifies the routine shipments, deliveries, or calendar pattern. Valid values:

- 1 1st Week of the Month
- 2 2nd Week of the Month
- 3 3rd Week of the Month
- 4 4th Week of the Month
- 5 5th Week of the Month
- 6 1st & 3rd Weeks of the Month
- 7 2nd & 4th Weeks of the Month
- 8 1st Working Day of Period
- 9 Last Working Day of Period
- A Monday through Friday
- B Monday through Saturday
- C Monday through Sunday
- D Monday
- E Tuesday
- F Wednesday
- G Thursday
- H Friday
- J Saturday
- K Sunday
- L Monday through Thursday
- M Immediately
- N As Directed
- O Daily Mon. through Fri.
- P 1/2 Mon. & 1/2 Thurs.
- Q 1/2 Tues. & 1/2 Thurs.

- R 1/2 Wed. & 1/2 Fri.
- S Once Anytime Mon. through Fri.
- SG Tuesday through Friday
- SL Monday, Tuesday and Thursday
- SP Monday, Tuesday and Friday
- SX Wednesday and Thursday
- SY Monday, Wednesday and Thursday
- SZ Tuesday, Thursday and Friday
- T 1/2 Tue. & 1/2 Fri.
- U 1/2 Mon. & 1/2 Wed.
- V 1/3 Mon., 1/3 Wed., 1/3 Fri.
- W Whenever Necessary
- X 1/2 By Wed., Bal. By Fri.
- Y None (Also Used to Cancel or Override a Previous Pattern)

HSD08	Ship/Delivery Pattern Time Code	ID	1/1	S
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Used if needed to provide further information about the number and frequency of benefits. Valid values:

- A 1st Shift (Normal Working Hours)
- B 2nd Shift
- C 3rd Shift
- D A.M.
- E P.M.
- F As Directed
- G Any Shift
- Y None (Also Used to Cancel or Override a Previous Pattern)

DEPENDENT ADDITIONAL IDENTIFICATION

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 9

REF Reference Identification

Level: Detail

Position: 140

Loop: 2110

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Reference	X12 Element Name	Data Types	Length	Required
REF01	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. Valid Values:				
18 Plan Number				
1L Group or Policy Number				
1W Member Identification Number				
49 Family Unit Number				
6P Group Number				
9F Referral Number				
A6 Employee Identification Number				
F6 Health Insurance Claim (HIC) Number				
G1 Prior Authorization Number				
IG Insurance Policy Number				
N6 Plan Network Identification Number				
NQ Medicaid Recipient Identification Number				
REF02	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
REF03	Description	AN	1/80	S
A free-form description to clarify the related data elements and their content.				
REF04	Reference Identifier			Not Used

DEPENDENT ELIGIBILITY/BENEFIT DATE

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 20

DTP Date or Time or Period

Level: Detail

Position: 150

Loop: 2110

Requirement: Optional

Max Use: 20

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

Reference	X12 Element Name	Data Types	Length	Required
DTP01	Date/Time Qualifier	ID	3/3	R

Code specifying type of date or time, or both date and time. Only one of the following codes may be used per request:

- 193 Period Start
- 194 Period End
- 198 Completion
- 290 Coordination of Benefits
- 292 Benefit
- 295 Primary Care Provider
- 304 Latest Visit or Consultation
- 307 Eligibility
- 318 Added
- 348 Benefit Begin
- 349 Benefit End
- 356 Eligibility Begin
- 357 Eligibility End
- 435 Admission
- 472 Service
- 636 Date of Last Update
- 771 Status

DTP02	Date Time Period Format Qualifier	ID	2/3	R
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Code indicating the date format, time format, or date and time format. Valid Values: 'D8' Date Expressed in Format CCYYMMDD, 'RD8' Range of Dates Expressed in Format CCYYMMDDCCYYMMDD

DTP03	Date Time Period	AN	1/35	R
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Use this date for the date(s) as qualified by the preceding data elements.

DEPENDENT REQUEST VALIDATION

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 9

AAA Request Validation

Level: Detail

Position: 160

Loop: 2110

Requirement: Optional

Max Use: 9

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

Reference	X12 Element Name	Data Types	Length	Required
AAA01	Yes/No Condition or Response Code	1/1	ID	R
Code indicating a Yes or No condition or response. Valid Values: 'N' Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. 'Y' Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.				
AAA02	Agency Qualifier Code	2/2	ID	Not Used
AAA03	Reject Reason Code	2/2	ID	R
Code assigned by issuer to identify reason for rejection. Valid values: 15 Required application data missing 52 Service Dates Not Within Provider Plan Enrollment 53 Inquired Benefit Inconsistent with Provider Type 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID 56 Inappropriate Date 57 Invalid/Missing Date(s) of Service 60 Date of Birth Follows Date(s) of Service 61 Date of Death Precedes Date(s) of Service 62 Date of Service Not Within Allowable Inquiry Period 63 Date of Service in Future 69 Inconsistent with Patient's Age 70 Inconsistent with Patient's Gender				
AAA04	Follow-up Action Code	1/1	ID	R
Code identifying follow-up actions allowed. Valid values: 'C' Please Correct and Resubmit 'N' Resubmission Not Allowed				

'R' Resubmission Allowed

'W' Please Wait 30 Days and Resubmit

'X' Please Wait 10 Days and Resubmit

'Y' Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

MESSAGE TEXT

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 10`

MSG Message Text

Level: Detail

Position: 250

Loop: 2110

Requirement: Optional

Max Use: 10

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

Reference	X12 Element Name	Data Types	Length	Required
MSG01	Free-Form Message Text	AN	1/264	R
Free-Form Message Text				
MSG02	Printer Carriage Control Code	ID	2/2	Not Used
MSG03	Number	N0	1/9	Not Used

DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION

Loop: 2115D — DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION

Usage: SITUATIONAL

Repeat: 10

III Information

Level: Detail

Position: 260

Loop: 2115

Requirement: Optional

Max Use: 1

Purpose: To report information

Reference	X12 Element Name	Data Types	Length	Required
III01	Code List Qualifier Code	ID	1/3	R

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code. Valid Values:

- BF Diagnosis
- BK Principal Diagnosis
- ZZ Mutually Defined

III02	Industry Code	AN	1/30	R
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Code indicating a code from a specific industry code list. If III01 is either BK or BF, use this element for diagnosis code from code source 131. If III01 is ZZ, use this element for codes as listed below

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded

- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

III03	Code Category	ID	2/2	Not Used
III04	Free-Form Message Text	AN	1/264	Not Used
III05	Quantity	R	1/15	Not Used
III06	Composite Unit of Measure			Not Used
III07	Surface/Layer/Position Code	ID	2/2	Not Used
III08	Surface/Layer/Position Code	ID	2/2	Not Used
III09	Surface/Layer/Position Code	ID	2/2	Not Used

LOOP HEADER**Loop:** 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION**Usage:** SITUATIONAL**Repeat:** 1**LS Loop Header****Level:** Detail**Position:** 330**Loop:** 2110**Requirement:** Optional**Max Use:** 1

Reference	X12 Element Name	Data Types	Length	Required
LS01	Loop Identifier Code	AN	1/6	R

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. This data element must have the value of "2120".

DEPENDENT BENEFIT RELATED ENTITY NAME

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

NM1 Individual or Organizational Name

Level: Detail

Position: 340

Loop: 2120

Requirement: Optional

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
NM101	Entity Identifier Code	ID	2/3	R

Code identifying an organizational entity, a physical location, property or an individual. Valid values:

- 13 Contracted Service Provider
- 1P Provider
- 2B Third-Party Administrator
- 36 Employer
- 73 Other Physician
- FA Facility
- GP Gateway Provider
- IL Insured or Subscriber
- LR Legal Representative
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P5 Plan Sponsor
- PR Payer
- PRP Primary Payer
- SEP Secondary Payer
- TTP Tertiary Payer
- VN Vendor
- X3 Utilization Management Organization

NM102	Entity Type Qualifier	ID	1/1	R
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Code qualifying the type of entity, Valid values: '1' Person, '2' Non-Person Entity

NM103	Name Last or Organization Name	AN	1/35	S
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Individual last name or organizational name.

NM104	First Name	AN	1/25	S
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Individual first name.

NM105	Middle Name	AN	1/25	S
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Individual middle name.

NM106	Name Prefix	AN	1/10	Not Used
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NM107	Name Suffix	AN	1/10	S
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Use this for the suffix to an individual’s name; e.g., Sr., Jr. or III.

NM108	Identification Code Qualifier	ID	1/2	S
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If the entity being identified is a provider and the National Provider ID is mandated for use, code value “XX” must be used, otherwise, one of the other codes may be used. Valid values:

- 24 Employer’s Identification Number
- 34 Social Security Number
- 46 Electronic Transmitter Identification Number (ETIN)
- FA Facility Identification
- FI Federal Taxpayer’s Identification Number
- MI Member Identification Number
- NI National Association of Insurance Commissioners (NAIC) Identification
- PI Payor Identification
- PP Pharmacy Processor Number
- SV Service Provider Number
- XV Health Care Financing Administration National PlanID
- XX Health Care Financing Administration National Provider Identifier
- ZZ Mutually Defined

NM109	Identification Code	AN	2/80	S
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Use the reference number as qualified by the preceding data element (NM108). Code identifying a party or other code

NM110	Entity Relationship Code	ID	2/2	Not Used
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NM111	Entity Identifier Code	ID	2/3	Not Used
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DEPENDENT BENEFIT RELATED ENTITY ADDRESS

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

N3 Address Information

Level: Detail

Position: 360

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

Reference	X12 Element Name	Data Types	Length	Required
N301	Address Information	AN	1/55	R

Use this information for the first line of the address information.

N302	Address Information	AN	1/55	S
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Required if a second address line exists.

DEPENDENT BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

N4 Geographic Location

Level: Detail

Position: 370

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Reference	X12 Element Name	Data Types	Length	Required
N401	City Name	AN	2/30	S
Free-form text for city name (entity's address).				
N402	State or Province Code	ID	2/2	S
Code (Standard State/Province) as defined by appropriate government agency (entity's address).				
N403	Postal Code	ID	3/15	S
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).				
N404	Country Code	ID	2/3	S
Code identifying the country.				
N405	Location Qualifier	ID	1/2	S
Code identifying type of location. Valid values: 'RJ' Region				
N406	Location Qualifier	AN	1/30	S
Code which identifies a specific location.				

DEPENDENT BENEFIT RELATED ENTITY CONTACT INFORMATION

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 3

PER Administrative Communications Contact

Level: Detail

Position: 380

Loop: 2120

Requirement: Optional

Max Use: 3

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

Reference	X12 Element Name	Data Types	Length	Required
PER01	Contact Function Code	ID	2/2	R
Code identifying the major duty or responsibility of the person or group named. Valid Value: 'IC' Information Contact.				
PER02	Name	AN	1/60	S
Individual's name or group's name to use when contacting the individual or organization.				
PER03	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. Valid Values: ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone WP Work Phone Number				
PER04	Communication Number	AN	1/80	S
Complete communications number including country or area code when applicable. Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.				
PER05	Communication Number Qualifier	ID	2/2	S
Code identifying the type of communication number. . Valid Values: ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone WP Work Phone Number				
PER06	Communication Number	AN	1/80	S

Complete communications number including country or area code when applicable.

PER07	Communication Number Qualifier	ID	2/2	S
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Code identifying the type of communication number. Valid Values:

ED Electronic Data Interchange Access Number

EM Electronic Mail

EX Telephone Extension

FX Facsimile

TE Telephone

WP Work Phone Number

PER08	Communication Number	AN	1/80	S
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Complete communications number including country or area code when applicable. Required when an additional contact number is to be sent.

PER09	Contact Inquiry Reference	AN	1/20	Not Used
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DEPENDENT BENEFIT RELATED PROVIDER INFORMATION

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME

Usage: SITUATIONAL

Repeat: 1

PRV Provider Information

Level: Detail

Position: 390

Loop: 2120

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

Reference	X12 Element Name	Data Types	Length	Required
PRV01	Provider Code	ID	1/3	R
Code identifying the type of provider. Valid Values AD Admitting, AT Attending, BI Billing, CO Consulting, CV Covering, H Hospital, HH Home Health Care, LA Laboratory, OT Other Physician, P1 Pharmacist, P2 Pharmacy, PC Primary Care Physician, PE Performing, R Rural Health Clinic, RF Referring, SB Submitting, SK Skilled Nursing Facility, SU Supervising				
PRV02	Reference Identification Qualifier	ID	2/3	R
Code qualifying the Reference Identification. If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used. Valid Values: '9K' Servicer, 'D3' National Association of Boards of Pharmacy Number, 'HPI' Health Care Financing Administration National Provider Identifier, 'SY' Social Security Number, 'TJ' Federal Taxpayer's Identification Number, 'ZZ' Mutually Defined.				
PRV03	Reference Identification	AN	1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.				
PRV04	State or Province Code	ID	2/2	Not Used
PRV05	Provider Specialty Information			Not Used
PRV06	Provider Organization Code	ID	3/3	Not Used

LOOP TRAILER

Loop: 2110D — DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION

Usage: SITUATIONAL

Repeat: 1

LE Loop Trailer

Level: Detail

Position: 400

Loop: 2110

Requirement: Optional

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
LE01	Loop Identifier Code	AN	1/6	R

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. This data element must have the value of "2120".

TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

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

SE Transaction Set Trailer

Level: Detail

Position: 210

Requirement: Mandatory

Max Use: 1

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

Reference	X12 Element Name	Data Types	Length	Required
SE01	Number of Included Segments	N0	1/10	R
Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.				
SE02	Transaction Set Control Number	AN	4/9	R

The transaction set control numbers in ST02 and SE02 must be identical.

4. SAMPLE TRANSACTION

Sample 270 Transaction

- 1) **ISA*00* *00* *ZZ*AV09311993 *01*030240928 *090116*0630*U*00401*009016501*1*P*::~**
- ISA Interchange Control Header
 00 Authorization Information Qualifier '00' – No Authorization Information Present
 Blanks Authorization Information - Enter 10 Blank
 00 Security Information Qualifier '00' – No Security Information Present
 Blanks Security Information - Enter 10 Blank
 ZZ Interchange ID Qualifier
 AV09311993 Interchange Sender ID
 01 Interchange ID Qualifier
 030240928 Interchange Receiver ID
 090116 Interchange Date. Format is YYMMDD
 0630 Interchange Time. Format is HHMM
 U Interchange Control Standards Identifier. Use Value 'U' – U.S.
 00401 Interchange Control Version Number
 009016501 Interchange Control Number
 1 Acknowledgement Request. Value '1' – Acknowledgement Requested.
 P Usage Indicator. Value 'P' – Production Data
 : Component Element Separator
- 2) **GS*HS*AV01101957*030240928*20090116*0630*9016501*X*004010X092A1~**
- GS Group Structure Header
 HS Functional Identifier Code Use Value 'HS' = Eligibility Inquiry Request
 AV01101957 Application Senders Code
 030240928 Application Receivers Code
 20090116 Creation Date. Format is CCYYMMDD.
 0630 Creation Time. Format is HHM.
 9016501 Assigned by Sender – Identical to Functional Trailer GE02.
 X Responsible Agency Code. X = Accredited Standards Committee X12.
 004010X092A1 Hierarchical Structure Code
- 3) **ST*270*009016501~**
- ST Transaction Set Header Segment ID 270 Transaction Set Identifier Code (Inquiry Request)
 009016501 Transaction Set Control Number – Must match SE's
- 4) **BHT*0022*13*009016501*20090116*0630~**
- BHT Beginning of Hierarchical Transaction Segment ID
 0022 Subscriber Structure Code
 13 Purpose Code - This is a Request
 009016501 Submitter Transaction Identifier
 20090116 Date Transaction Set Created
 0630 Time Transaction Set Created
- 5) **HL*1**20*1~**
- HL Hierarchical Level Segment ID
 1 Hierarchical ID No.
 ** Skipped Data Element
 20 Hierarchical Level Code - Information Source
 1 Hierarchical Child Code - Additional HL's
- 6) **NM1*PR*2*ASURIS NW HEALTH*****PI*00932~**
- NM1 Sourcing Name Segment ID
 PR Entity ID Code - Payer
 2 Entity Type - Non-Person
 ASURIS NW HEALTH Organizational Name
 ***** Skipped Four Data Elements
 PI Identification Code Qualifier – PayerID
 00932 Payer Identification Code - Medicaid No

- 7) **HL*2*1*21*1~**
 HL Hierarchical Level Segment ID
 2 Hierarchical ID No.
 1 Hierarchical Parent ID Number
 21 Hierarchical Level Code – Information Receiver
 1 Hierarchical Child Code - Additional HL's
- 8) **NM1*1P*2*WENATCHEE VALLEY MED CNTR*****XX*1437189313~**
 NM1 Receiver Name Segment ID
 1P Entity ID Code - Provider
 2 Entity Type - Non-Person
 WENATCHEE VALLEY MED CNTR Organisation Name
 ***** Skipped Four Data Elements
 XX Identification Code Qualifier - NPI/ProviderID
 1437189313 NPI Number or ProviderID
- 9) **PER*IC*BILLING DEPT*TE*5096638711~**
 IC Contact Function Code
 TE Communication Number Qualifier
 5096638711 Communication Number
- 10) **HL*3*2*22*0~**
 HL Hierarchical Level Segment ID
 3 Hierarchical ID No.
 2 Hierarchical Parent ID Number
 22 Hierarchical Level Code – Subscriber
 0 Hierarchical Child Code - No Dependents
- 11) **TRN*1*Z00186673695IB2009011204912*9000000000~**
 TRN Subscriber Trace Number Segment ID
 1 Trace Type Code – Current Transaction Trace Numbers
 Z00186673695IB2009011204912 Trace Number
 9000000000 Originating Company ID – must be 10 positions in length
 First position must be equal to a 1, 3 or a 9.
 [1] indicates an EIN follows
 [3] indicates a DUNS follows
 [9] indicates a User assigned identifier us used sub ID Additional Entity Identifier (i.e. Subdivision)
- 12) **NM1*IL*1*Last Name*First Name****MI*Subscriber Id~**
 NM1 Subscriber Name Segment ID
 IL Insured or Subscriber
 1 Entity Type - Person
 Last Name Person's Last Name
 First Name Person's First Name
 **** Skipped Three Data Elements
 MI Identification Code Qualifier - Recipient No
 Subscriber Id Recipient No
- 13) **N3*Street Address~**
 Street Address Subscriber Address Line
- 14) **N4*CHELAN*WA*98816~**
 CHELAN Subscriber City Name
 WA Subscriber State
 98816 Subscriber Zip Code
- 15) **DMG*D8*19680215*M~**
 DTP Date or Time or Period Segment ID
 D8 Date Format Qualifier - (D8 means CCYYMMDD)
 19680215 Subscriber's Birth date
 M Subscriber Gender Code - Male
- 16) **DTP*307*D8*20090116~**
 DTP Date or Time or Period Segment ID
 307 Qualifier - Date of Service

D8 Date Format Qualifier - (D8 means CCYYMMDD)
20090116 Date

17) EQ*30~

EQ SUBSCRIBER ELIGIBILITY or BENEFIT INQUIRY INFORMATION
30 Service Type Code -Health Benefit Plan Coverage

18) SE*16*009016501~

SE Transaction Set Trailer Segment ID
16 Number of Segments (including ST and SE)
009016501 Transaction Set Control Number - Must match ST's

19) GE*1*9016501~

IEA Interchange Control Trailer
1 Number of Transaction Sets Include
9016501 Assigned by Sender – Must be Identical to Functional Header GS06

20) IEA*1*009016501~

IEA Interchange Control Trailer
1 Number of Included Functional Group
009016501 Assigned by Sender – Must be Identical to Interchange Header ISA13

Sample 271 Transaction

Start Transaction & Beginning of Hierarchical Transaction

000003 ST*271*000000001~
000004 BHT*0022*11*009014501*20090115*070822~

Loop ID 2000A - Information Source Level

000005 HL*1**20*1~

Loop ID 2100A - Information Source Name

000006 NM1*PR*2*GROUP HEALTH COOPERATIVE*****FI*910511770~

Loop ID 2000B - Information Receiver Level

000007 HL*2*1*21*1~

Loop ID 2100B - Information Receiver Name

000008 NM1*1P*2*THE EVERETT CLINIC*****XX*1831186766~

Loop ID 2000C - Subscriber Level

000009 HL*3*2*22*0~
000010 TRN*2*H00011186392D20090115T00001600*9000000000~
000011 NM1*IL*1*Last Name*First Name****MI*Subscriber Id~
000012 REF*18*NA*ALLIANT PLUS EMPL WELCOME PLAN~
000013 REF*6P*5166800*ALPHA NURSING~
000014 N3*Street Address ~
000015 N4*EVERETT*WA*98203~
000016 PER*IC**WP*phone number~
000017 DMG*D8*19451022*F~
000018 INS*Y*18~
000019 DTP*472*D8*20090115~
000020 DTP*356*D8*20080701~
000021 DTP*343*D8*20090131~

Loop ID 2110C - Subscriber Eligibility or Benefit Information

000022 EB*P****DISCLAIMER~
000023 MSG*All benefit information provided, including eligibility status, is not a guarantee of payment. Final determination of payment will be made when the claim is adjudicated.~
000024 EB*L~
000025 DTP*295*D8*20050603~
000026 LS*2120~
000027 NM1*P3*1*LEE*JAMES*C***XX*1831155696~
000028 N3*THE EVERETT CLINIC - MAIN CAMPUS~
000029 PER*IC**TE*4253395420~
000030 LE*2120~
000031 EB*C*IND****22*200****Y~
000032 EB*C*IND****29*196.75****Y~
000033 EB*C*FAM****22*600****Y~
000034 EB*C*FAM****29*600****Y~
000035 EB*C*IND****22*200****Y~
000036 EB*C*IND****29*200****Y~
000037 EB*C*FAM****22*600****Y~
000038 EB*C*FAM****29*600****Y~
000039 EB*G*IND****22*2500****Y~
000040 EB*G*IND****29*2500****Y~
000041 EB*G*FAM****22*7500****Y~
000042 EB*G*FAM****29*7500****Y~
000043 EB*F*IND****32*2000000****Y~
000044 EB*F*IND****33*1995829.64****Y~
000045 EB*R~

Loop ID 2120C - Subscriber Benefit Related Entity Name

000046 LS*2120~
000047 NM1*PRP*1*ALLIANT PLUS EMPL WELCOME PLAN*****FI*910511770~

000048 LE*2120~

Loop ID 2110C - Subscriber Eligibility or Benefit Information

000049 EB*1**30*****Y~
000050 EB*B**3****20*****Y~
000051 EB*A**3****.2*****Y~
000052 EB*B**7****0*****Y~
000053 EB*A**7****.2*****Y~
000054 EB*B**11****0*****Y~
000055 EB*A**11****.2*****Y~
000056 EB*F*IND*11***23*4000~
000057 DTP*348*D8*20090101~
000058 DTP*349*D8*20091231~
000059 EB*F*IND*11***29*4000~
000060 EB*B**12****0*****Y~
000061 EB*A**12****.2*****Y~
000062 EB*F*IND*12***23*4000~
000063 DTP*348*D8*20090101~
000064 DTP*349*D8*20091231~
000065 EB*F*IND*12***29*4000~
000066 EB*B**18****0*****Y~
000067 EB*A**18****.2*****Y~
000068 EB*F*IND*18***23*4000~
000069 DTP*348*D8*20090101~
000070 DTP*349*D8*20091231~
000071 EB*F*IND*18***29*4000~
000072 EB*B**33****20*****Y~
000073 EB*A**33****.2*****Y~
000074 EB*F*IND*33***23***VS*10~
000075 DTP*348*D8*20090101~
000076 DTP*349*D8*20091231~
000077 EB*F*IND*33***29***VS*10~
000078 EB*B**34****20*****Y~
000079 EB*A**34****.2*****Y~
000080 EB*F*IND*34***23***VS*1~
000081 DTP*348*D8*20090101~
000082 DTP*349*D8*20091231~
000083 EB*F*IND*34***29***VS*1~
000084 EB*B**46****0*****Y~
000085 EB*F*IND*46***36***DY*5~
000086 DTP*348*D8*20090115~
000087 DTP*349*D8*20090115~
000088 EB*F*IND*46***29***DY*5~
000089 EB*B**48****0*****Y~
000090 EB*A**48****.2*****Y~
000091 EB*B**50****20*****Y~
000092 EB*A**50****.2*****Y~
000093 EB*B**52****75*****Y~
000094 EB*A**52****.2*****Y~
000095 EB*B**68****0*****Y~
000096 EB*A**68****.2*****Y~
000097 EB*B**69****0*****Y~
000098 EB*A**69****.2*****Y~
000099 EB*U**70*****Y~
000100 EB*B**80****0*****Y~
000101 EB*A**80****.2*****Y~
000102 EB*B**86****75*****Y~
000103 EB*A**86****.2*****Y~
000104 EB*1**88*****Y~
000105 EB*B**98****20*****Y~
000106 EB*A**98****.2*****Y~
000107 EB*U**A7*****Y~
000108 EB*U*IND*A8*****Y~

000109 EB*U*FAM*A8*****Y~
000110 EB*B**AB****0****Y~
000111 EB*A**AB****.2****Y~
000112 EB*F*IND*AB***23***DY*60~
000113 DTP*348*D8*20090101~
000114 DTP*349*D8*20091231~
000115 EB*F*IND*AB***29***DY*60~
000116 EB*B**AC****20****Y~
000117 EB*A**AC****.2****Y~
000118 EB*F*IND*AC***23***VS*60~
000119 DTP*348*D8*20090101~
000120 DTP*349*D8*20091231~
000121 EB*F*IND*AC***29***VS*60~
000122 EB*B**AH****0****Y~
000123 EB*A**AH****.2****Y~
000124 EB*F*IND*AH***23***DY*60~
000125 DTP*348*D8*20090101~
000126 DTP*349*D8*20091231~
000127 EB*F*IND*AH***29***DY*60~
000128 EB*U**AI*****Y~
000129 EB*B**AL****20****Y~
000130 EB*F*IND*AL***22***VS*1~
000131 DTP*348*D8*20090101~
000132 DTP*349*D8*20091130~
000133 EB*F*IND*AL***29***VS*1~
000134 EB*F*IND*AL***22*30~
000135 DTP*348*D8*20090101~
000136 DTP*349*D8*20091130~
000137 EB*F*IND*AL***29*30~
000138 EB*B**BE****20****Y~
000139 EB*A**BE****.2****Y~
000140 EB*F*IND*BE***23***VS*60~
000141 DTP*348*D8*20090101~
000142 DTP*349*D8*20091231~
000143 EB*F*IND*BE***29***VS*60~
000144 EB*1**30*****N~
000145 EB*B**3****20****N~
000146 EB*B**7****0****N~
000147 EB*B**11****0****N~
000148 EB*B**12****0****N~
000149 EB*B**18****0****N~
000150 EB*B**33****20****N~
000151 EB*B**34****20****N~
000152 EB*B**46****0****N~
000153 EB*B**48****0****N~
000154 EB*B**50****20****N~
000155 EB*B**52****125****N~
000156 EB*B**68****0****N~
000157 EB*B**69****0****N~
000158 EB*U**70*****N~
000159 EB*B**80****0****N~
000160 EB*B**86****125****N~
000161 EB*1**88*****N~
000162 EB*B**98****20****N~
000163 EB*U**A7*****N~
000164 EB*U*IND*A8*****N~
000165 EB*U*FAM*A8*****N~
000166 EB*B**AB****0****N~
000167 EB*B**AC****20****N~
000168 EB*B**AH****0****N~
000169 EB*U**AI*****N~
000170 EB*B**AL****0****N~
000171 EB*B**BE****20****N~

Transaction Set Trailer

000172 SE*170*000000001

5. APPENDIX

5.1 Data Elements

The data Element that appear in this canonical guide are listed below.

Symbol	Data Type	Additional Comments
Nn	Numeric	N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.
R	Decimal	Predefined list of codes that is maintained by the ASC X12 Committee
ID	Identifier	
AN	String	
DT	Date	Standard date in either YYMMDD or CCYYMMDD format
TM	Time	Transmitted data elements of four characters denote HHMM and six characters denote HHMMSS.
B	Binary	

5.2 Data Segment Requirement Designators

Designator	Additional Comments
M or R – Mandatory or Required	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
S - Situational	The presence of this data segment is the based on different situations. It can be mandatory or optional.
O - Optional	The presence of this data segment is the option of the sending party.

6. DOCUMENT CHANGE HISTORY

Document Name: OneHealthPort 270 / 271 Canonical Guide

Version	Issue Date	Modified By	Comments/Reason
1.0	03/07/2011	Ganesh Prabhu	Version Released for Comment
2.0	03/23/2011	Ganesh Prabhu	Document follows original May 2000 X12N EDI Implementation Guides and the October 2002 EDI Addenda adopted for use under HIPAA. Architecture of the transaction and structure of the standard modified.
2.1	04/11/2011	Ganesh Prabhu	Change Front Page Logos, Header and Footer.
2.2	05/16/2011	Sue Merk	Naming convention change to Canonical Guide