



Electronic Health Care Eligibility Benefit Response

Companion Guide

ANSI X12 271 (004010X092A1)

Version 1.0

July 2007



Data criteria for electronic eligibility benefit response

INTRODUCTION3
 PURPOSE.....3
 DEFINITION OF TERMS USED.....4
 HIPAA IMPACT ON CURRENT BUSINESS PROCESSES.....4
SPECIAL CONSIDERATIONS5
 Outbound Transactions Supported5
 Field Definitions5
 Delimiters Supported5
 Data Transmission instructions.....5
 Inquiry/Response Level Supported.....6
 Compliance Testing Specifications7
 Trading Partner Acceptance Testing Specifications.....8
ELECTRONIC DATA INTERCHANGE (HIPAA 271 format)9
Document Change Management.....34

This Companion Guide is a work in progress. Educators Mutual Insurance Association reserves the right to make changes to this Companion Guide at any time without notice. When changes are made, the document change management table on the last page of this section will identify those changes and give the date of the change.



INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 271 Health Care Eligibility Benefit Response transaction implementation guide provides the standardized data requirements to be implemented for Benefit Eligibility.

The 271 transaction is used to respond with eligibility information based on an inquiry from a provider of the insurance coverage, benefits, or policy to a payer.

PURPOSE

The purpose of this document is to provide the information necessary to submit enrollment information electronically to Educators Mutual Insurance Association or its affiliates (hereinafter "Educators"). This companion guide is to be used in conjunction with the ANSI X12N implementation guides. The information describes specific requirements for processing data within the payer's system. The companion guide supplements, but does not contradict or replace, any requirements in the implementation guide. The implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on its web site at www.wpc-di.com/hipaa/.

Other important websites:

Workgroup for Electronic Data Interchange (WEDI)

<http://www.wedi.org>

United States Department of Health and Human Services (HHS)

<http://aspe.hhs.gov/admnsimp/>

Centers for Medicare and Medicaid Services (CMS)

<http://www.cms.gov/hipaa/hipaa2/>

Accredited Standards Committee (ASC X12)

<http://www.x12.org/>



DEFINITION OF TERMS USED

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 (e.g., physician, hospital, laboratory, etc.)
- Subscriber – A person who can be uniquely identified to an information source. Traditionally referred to as a member.
- Dependent – A person who cannot be uniquely identified to an information source, but can be identified by an information source when associated with a subscriber.
- Patient – There is no HL loop dedicated to the patient; rather, the patient can be either the subscriber or the dependent. Different types of information sources identify patients in different manners depending upon how their eligibility system is structured.
 1. Approach 1 – Each member of the family is assigned a unique ID number. In this approach, the patient will be identified at the Subscriber hierarchical level because a unique ID number exists to access eligibility information.
 2. Approach 2 – The actual member (insured) is assigned a number or uses their SSN or EIN to identify the member. Any related spouse, children, or dependents are identified through the subscriber’s identification number. They have no unique identification number of their own. In this case, the patient would be identified at the dependent level inside the subscriber loop.

HIPAA IMPACT ON CURRENT BUSINESS PROCESSES

The 271 Health Care Eligibility Benefit Response transactions require the receiver to return additional data not present in the pre-HIPAA enrollment transactions. The structure of the 271 may also enable the provider to relay information in a more efficient manner and may impact current business processes.



SPECIAL CONSIDERATIONS

Outbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 271 Eligibility Benefit Response transactions that the health plan will return.

- 271 Health Care Eligibility Benefit Response – ASC X12N 271 (004010X092A1) Response Transactions Supported

Field Definitions

R (Required): This field must always be included in the transmission.

S (Situational): This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.

N/U (Not Used): The shaded areas of the Companion Guide are NOT USED according to the standard and should not be included in transmissions.

Comments: This provides Educators' requirements/recommendations for some fields.

Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element separator	* Asterisk
Sub-element separator	: Colon
Segment terminator	~ Tilde

Educators will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

Data Transmission instructions

Educators will be able to receive file submissions from those groups able to submit. In order for Educators to set up an entity for EDI submission, they must contact the Educators



Data criteria for electronic eligibility benefit response

operations department. Educators will need the following information since the **setup could take two to four weeks to accomplish**:

1. Will the file be sent using PGP?
2. Will the file be sent via the UHIN portal? (See www.UHIN.com.)
 - o UHIN accepts HIPAA transactions
3. Does the entity have the EMIA Public PGP key?
4. Has the entity been set up as a user on Educators' FTP network?
5. Does Educators have the entity's IP address to be used for submitting the files?
6. Has the entity agreed to the Educators timeline for acceptance testing?

Inquiry/Response Level Supported

The 270 Health Care Eligibility Benefit Inquiry transaction contains a super set of data segments, elements, and codes that represent its full functionality. The information source is not required to generate an explicit response to an explicit request, if its system is not capable of handling such requests. At a minimum the information source must support a generic request for eligibility and respond with either an acknowledgement that the individual has active or inactive coverage or that the individual was not found in the system. The response will be for the date the transaction is processed, unless a specific date was used from the DTP segment of the EQ loop. Educators will support only the basic request for eligibility. Educators' response will identify the eligibility status of the patient as either active, inactive, or not on file for the date requested (or the process date of the transaction if no date is specified in the request).



Compliance Testing Specifications

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types of HIPAA compliance testing, as follows:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax, and compliance with X12 rules.
2. Requirement Testing – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements, and segments. This also includes testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.
3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice, and balancing of summary fields.
4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.
5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.
6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.
7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid, and Educators. Compliance testing with these payer-specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

The WEDI/SNP white paper on Transaction Compliance and Certification and other white papers are found at <http://www.wedi.org/snip/public/articles/index%7E12.htm>.

Educators will provide the necessary information for clients to submit a file for testing purposes.



Trading Partner Acceptance Testing Specifications

Trading partners wishing to submit enrollment electronically to Educators must first submit an error free test file and receive verification from Educators that the file loaded correctly, prior to submitting a production file for processing.

To submit a test file, contact Educators' IT department at (801) 270-2943.

The entire file ISA/IEA envelope will either pass (accept) or fail (reject) validation.

There must be a carriage return after each tilde character (~).

Helpful Hint: Create small batches of test transactions to ensure that you will not have to re-create too many transactions in the event of an error in the file. Once your files are received and verified to be error-free, you may send files of any size.

After receiving clearance to submit production files, contact Educators' provider department when you submit your first "live" eligibility file. Provide your submitter ID and the Educators file tracking number (if available). The information technology department will work with the provider department to ensure that the file uploads properly and gets all the way through the system.



Data criteria for electronic eligibility benefit response

ELECTRONIC DATA INTERCHANGE (HIPAA 271 format)

ASC X12N Version 004010X092A1

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
	B.3	ISA	Interchange Control Header			R
			01 – Authorization Info Qualifier	00 = No authorization info present	Relates to no meaningful information in ISA02	R
	B.3	ISA	02 – not used Insert asterisk			R
	B.4	ISA	03 – Security Information Qualifier	00 = No security information present	Relates to no meaningful information in ISA04	R
	B.4	ISA	04 – Security Info Insert 00			R
	B.4	ISA	05 – Interchange ID Qualifier	ZZ = Mutually Defined		R
	B.4-B-6	ISA	06 – Interchange Sender ID	ID code determined by sender	This is a unique ID number (i.e. Federal Tax ID.) Field length = 15	R
	B.5	ISA	07 – Interchange ID Qualifier	ZZ = Mutually Defined	This ID qualifies the receiver in ISA08	R
	B.5	ISA	08 – Interchange Receiver ID	ID=GroupNumber		R
	B.5	ISA	09 – Interchange Date	YYMMDD		R
	B.5	ISA	10 – Interchange	Time HHMM		R
	B.5	ISA	11 – Interchange Control Standards Identifier	U		R
	B.5	ISA	12 – Interchange Control Version Number	0040		R
	B.5	ISA	13 – Interchange Control Number		This number must be identical to the associated Interchange Trailer IEA02	R
	B.6	ISA	14 – Acknowledgement requested	1 = Interchange acknowledgement requested	All senders will receive a 997 upon successful receipt of requested file transfer	R
	B.6	ISA	15 – Usage Indicator	P = Production Data T = Test Data		R
	B.6	ISA	16 – Component Element Terminator	EMIA recommends using “>” as the segment terminator and using the “~”, tilde, as the segment separator.	Note: This value must be different than the data element separator and the segment terminator	
ISA ELEMENT EXAMPLE:						
ISA*00*.....*01*Password.*ZZ*Submitter.ID.*ZZ*Receiver.ID.....*030101*1200*U*00401*123456789*1*T*~>						
Note: The ISA segment is a fixed format. Spaces in the example are presented by “.” for clarity.						
	B.8	GS	01 - Functional Group Header	HB – Eligibility, Coverage or Benefit Information		R
	B.8	GS	02 – Senders ID Code	Insert senders ID Same ID number as ISA06 R		
	B.8	GS	03 – Receivers ID Code	Insert receiver ID Same ID number as ISA08 R		
	B.8	GS	04 – Date of functional group creation date	CCYYMMDD		R
	B.8	GS	05 – Time of creation	HHMM		R
	B.9	GS	06 – Group Control Number		This number must match the data element in the associated functional group trailer in GE02	R
	B.9	GS	07 – Responsible Agency	X = Accredited Standards		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
			Code Identifier	Committee X12		
	B.9	GS	08 – Version Release/Industry Identifier Code	004010X095A1	Must use full code	R
GS ELEMENT EXAMPLE: GS*HB*SENDER CODE*EMIA777777*20030101*1200*1*X*004010X095A1~						
	154	ST	01 – Transaction Set Identifier Code	271		R
	155	ST	02 -Transaction Set Control Number		Group Specific Control Number to identify transaction set. Must match number in SE02	R
ST ELEMENT EXAMPLE: ST*271*0001~						
	156	BHT	01- Hierarchical Structure Code	0022 – Information Source, Information Receiver, Subscriber, Dependent		R
	157	BHT	02 - Transaction Set Purpose	11 – Response		R
	157	BHT	03 - Reference ID			R
	157	BHT	04 – Date	Transaction Created	CCYYMMDD	R
	157	BHT	05 – Time	Transaction Created	HHMM	R
BHT ELEMENT EXAMPLE: BHT*BHT]0022836*19980101*1400*RU~						
2000A	159	HL	01 - Hierarchical ID Number	1		R
	159	HL	03 – Hierarchical Level Code	20		R
	159	HL	04 - Hierarchical Child Code	1		S
HL ELEMENT EXAMPLE: HL*1**20*1~						
2000A	160	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	161	AAA	03 – Reject Reason Code	04 – Authorized Quantity Exceeded 41 – Authorization/Access Restrictions 42 – Unable to Respond at Current Time 79 – Invalid Participant Identification		S
	161	AAA	04 – Follow-up Act Code	C – Please Correct and Resubmit N – Resubmission Not Allowed P – Please Resubmit Original Transaction R – Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party Y - Do not Resubmit; We Will Hold Your Request and Respond Again Shortly		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2100A	163	NM1	01 – Entity Identifier Code	PR – Payer		R
	164	NM1	02- Entity Type Qualifier	2 = Non-Person Entity		R
	164	NM1	03- Name Last		Organization Name	R
	165	NM1	08- Identification Code Qualifier	XX – NPI Number		R
	165	NM1	09- Identification Code		NPI	R
NM1 ELEMENT EXAMPLE: NM1*PR*2*Educators Mutual** **XX*0123456789~						
2100A	173	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
	173	AAA	03 – Reject Reason Code	04 – Authorized Quantity Exceeded 41 – Authorization/Access Restrictions 42 – Unable to Respond at Current Time 79 – Invalid Participant Identification 80 – No Response Received T4 – Payer Name or Identifier Missing		S
	174	AAA	04 – Follow-up Act Code	C – Please Correct and Resubmit N – Resubmission Not Allowed P – Please Resubmit Original Transaction R – Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y - Do not Resubmit; We Will Hold Your Request and Respond Again Shortly		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2000B	176	HL	01 - Hierarchical ID Number	1		R
	176	HL	02 - Hierarchical Parent ID			R
	176	HL	03 – Hierarchical Level Code	21		R
	177	HL	04 - Hierarchical Child Code	1		S
HL ELEMENT EXAMPLE: HL*1*1*21*1~						
2100B	178	NM1	01 – Entity Identifier Code	1P – Provider		R
	179	NM1	02- Entity Type Qualifier	2 = Non-Person Entity		R
	179	NM1	03- Name Last		Organization Name	R
	180	NM1	08- Identification Code Qualifier	XX – NPI Number		R
	180	NM1	09- Identification Code		NPI	R
NM1 ELEMENT EXAMPLE: NM1*1P*2*Doctor's Office** **XX*0123456789~						
2100B	182	REF	01 – Reference ID Qualifier	SV		O
	183	REF	02 – Reference ID	EMIA Assigned Number		O
REF ELEMENT EXAMPLE: REF*SV*123456789ABC~						
2100B	185	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	185	AAA	03 – Reject Reason Code	04 – Authorized Quantity Exceeded 41 – Authorization/Access Restrictions 42 – Unable to Respond at Current Time 79 – Invalid Participant Identification 80 – No Response Received T4 – Payer Name or Identifier Missing		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
	186	AAA	04 – Follow-up Act Code	C – Please Correct and Resubmit N – Resubmission Not Allowed P – Please Resubmit Original Transaction R – Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y - Do not Resubmit; We Will Hold Your Request and Respond Again Shortly		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2000C	188	HL	01 – Hierarchical ID Number	1		R
	188	HL	02 – Hierarchical Parent ID			R
	189	HL	03 – Hierarchical Level Code	22		R
	189	HL	04 – Hierarchical Child Code	0 or 1	If Subscriber is Patient Then 0 Else 1	S
HL ELEMENT EXAMPLE: HL*1*1*22*1~						
2000C	191	TRN	01 – Trace Type Code	1 – Current Trace Numbers 2 – Referenced Transaction Trace Numbers		R
	191	TRN	02 – Reference Identification			R
	192	TRN	03 – Originating Company ID			R
	192	TRN	04 – Reference Identification			S
TRN ELEMENT EXAMPLE: TRN*1*98175-012547*9877281234*RADIOLOGY~						
2100C	193	NM1	01 – Entity Identifier Code	IL – Subscriber		R
	194	NM1	02- Entity Type Qualifier	1 – Person		R
	194	NM1	03- Name Last		Last Name	S
	194	NM1	04- Name First		First Name	S
	194	NM1	05- Name Middle		Middle Name	S
	195	NM1	08- Identification Code Qualifier	MI – Membership Number		R
	195	NM1	09- Identification Code			R
NM1 ELEMENT EXAMPLE: NM1*IL*1*Smith*John*D * **MI*12345678901~						
2100B	185	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	185	AAA	03 – Reject Reason Code	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		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	186	AAA	04 – Follow-up Act Code	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		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				Will Hold Your Request and Respond Again Shortly		
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2100C	211	DMG	01 – Date Time Format	D8 – Date		R
	211	DMG	02 – Date of Birth		CCYYMMDD	R
	211	DMG	03 – Gender	F – Female M – Male U – Unknown		R
DMG ELEMENT EXAMPLE: DMG*D8*20010911*M~						
2100C	213	INS	01 – Insured Indicator	Y – Yes		R
	213	INS	02 – Individual Relationship	18 – Self		R
INS ELEMENT EXAMPLE: INS*Y*18~						
2100C	216	DTP	01 – Date/Time Qualifier	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - COBRA Begin 341 - 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		R
	217	DTP	02 – Date/Time Format	D8 – CCYYMMDD RD* - CCYYMMDD- CCYYMMDD		R
	217	DTP	03 – Date			R
DTP ELEMENT EXAMPLE: DTP*D8*20010911~						
2110C	219	EB	01 – Eligibility Information	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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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 Not recommended. 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		
	221	EB	02 – Coverage Level Code	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		R
	221	EB	03 – Service Type Code	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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				57 - Air Transportation 58 - Cabulance 59 - Licensd 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		



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	226	EB	04 – Insurance Type Code	12 - Medicare Secondary		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	228	EB	05 – Plan Coverage Description			S
	228	EB	06 – Time Period Qualifier	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		S
	229	EB	07 – Monetary Amount			S
	229	EB	08 – Percent			S
	229	EB	09 – Quantity Qualifier	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		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 Age, High Value S8 - Age, Low Value VS - Visits YY - Years		
	230	EB	10 – Benefit Quantity			S
	230	EB	11 – Certification Indicator	N - No U - Unknown Y - Yes		S
	230	EB	12 – In Plan Network Indicator	N - No U - Unknown Y - Yes		S
	231	EB	131 – Procedure Code Qualifier	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical ND National Drug Code (NDC)		R
	231	EB	132 – Product/Service ID			R
	231	EB	133 – Procedure Modifier			S
	231	EB	134 – Procedure Modifier			S
	231	EB	135 – Procedure Modifier			S
	232	EB	136 – Procedure Modifier			S
EB ELEMENT EXAMPLE: EB*B*98***27*10**VS*1~						
2110C	240	DTP	01 – Date/Time Qualifier	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - COBRA Begin 341 - 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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
	241	DTP	02 – Date/Time Format	D8 – CCYYMMDD RD* - CCYYMMDD- CCYYMMDD		R
	241	DTP	03 – Date			R
DTP ELEMENT EXAMPLE: DTP*D8*20010911~						
2110C	242	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	243	AAA	03 – Reject Reason Code	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		S
	243	AAA	04 – Follow-up Act Code	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		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2110C	244	MSG	01 – Free-Form Message			R
MSG ELEMENT EXAMPLE: MSG*Free form text is discouraged~						
2110C	244	LS	01 – Loop ID Code			R
LS ELEMENT EXAMPLE: LS*2120~						
2110C	264	LE	01 – Loop ID Code			R
LE ELEMENT EXAMPLE: LE*2120~						
2000D	266	HL	01 – Hierarchical ID Number	1		R
	266	HL	02 – Hierarchical Parent ID			R
	266	HL	03 – Hierarchical Level Code	23		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
	267	HL	04 – Hierarchical Child Code	0		S
HL ELEMENT EXAMPLE: HL*1*1*23*0~						
2000D	269	TRN	01 – Trace Type Code	1 – Current Trace Numbers 2 – Referenced Transaction Trace Numbers		R
	269	TRN	02 – Reference Identification			R
	270	TRN	03 – Originating Company ID			R
	270	TRN	04 – Reference Identification			S
TRN*1*98175-012547*9877281234*RADIOLOGY~						
2100D	271	NM1	01 – Entity Identifier Code	03 - Dependent		R
	272	NM1	02- Entity Type Qualifier	1 – Person		R
	272	NM1	03- Name Last		Last Name	S
	272	NM1	04- Name First		First Name	S
	272	NM1	05- Name Middle		Middle Name	S
	273	NM1	08- Identification Code Qualifier	MI – Membership Number		R
	273	NM1	09- Identification Code			R
NM1 ELEMENT EXAMPLE: NM1*IL*1*Smith*John*D **MI*12345678901~						
2100D	285	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	185	AAA	03 – Reject Reason Code	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		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	286	AAA	04 – Follow-up Act Code	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		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2100D	2288	DMG	01 – Date Time Format	D8 – Date		R
	288	DMG	02 – Date of Birth		CCYYMMDD	R
	288	DMG	03 – Gender	F – Female M – Male U – Unknown		R
DMG ELEMENT EXAMPLE: DMG*D8*20010911*M~						
2100D	290	INS	01 – Insured Indicator	Y – Yes		R
	290	INS	02 – Individual Relationship	01 – Spouse 19 – Dependent		R
	291	INS	09 – Student Status Code	F – Full-time N – Not a Student P – Part-time		S
	291	INS	10 – Handicap Indicator	N – No Y - Yes		S
INS ELEMENT EXAMPLE: INS*Y*19*F*N~						
2100D	293	DTP	01 – Date/Time Qualifier	102 - Issue 152 - Effective Date of Change		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				291 - Plan 307 - Eligibility 318 - Added 340 - COBRA Begin 341 - 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		
	294	DTP	02 - Date/Time Format	D8 - CCYYMMDD RD* - CCYYMMDD- CCYYMMDD		R
	294	DTP	03 - Date			R
DTP ELEMENT EXAMPLE: DTP*D8*20010911~						
2110D	296	EB	01 - Eligibility Information	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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				O - Not Deemed a Medical Necessity P - Benefit Disclaimer Not recommended. 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		
	298	EB	02 – Coverage Level Code	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		R
	298	EB	03 – Service Type Code	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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otolological 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 -		



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	303	EB	04 – Insurance Type Code	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		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # #(s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				Beneficiary RP - Property Insurance - Real SP - Supplemental Policy TF - Tax Equity Fiscal Responsibility Act (TEFRA) WC - Workers Compensation WU - Wrap Up Policy		
	305	EB	05 – Plan Coverage Description			S
	305	EB	06 – Time Period Qualifier	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		S
	305	EB	07 – Monetary Amount			S
	306	EB	08 – Percent			S
	306	EB	09 – Quantity Qualifier	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		S
	306	EB	10 – Benefit Quantity			S
	307	EB	11 – Certification Indicator	N - No U - Unknown Y - Yes		S
	307	EB	12 – In Plan Network Indicator	N - No U - Unknown Y - Yes		S
	307	EB	131 – Procedure Code	AD - American Dental		R



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
			Qualifier	Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical ND National Drug Code (NDC)		
	308	EB	132 – Product/Service ID			R
	308	EB	133 – Procedure Modifier			S
	308	EB	134 – Procedure Modifier			S
	308	EB	135 – Procedure Modifier			S
	308	EB	136 – Procedure Modifier			S
EB ELEMENT EXAMPLE: EB*B*98***27*10**VS*1~						
2110D	316	DTP	01 – Date/Time Qualifier	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 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update 771 - Status		R
	317	DTP	02 – Date/Time Format	D8 – CCYYMMDD RD* - CCYYMMDD- CCYYMMDD		R
	317	DTP	03 – Date			R
DTP ELEMENT EXAMPLE: DTP*D8*20010911~						
2110D	318	AAA	01 – Valid Request Indicator	Y – Yes Request Valid N – NO Request Invalid	The reason is in AAA03	S
	319	AAA	03 – Reject Reason Code	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		S



Data criteria for electronic eligibility benefit response

Loop ID	Page # (s)	Seg ID	Element ID	Elements Values	Element Description	Req (R/S)
				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		
	319	AAA	04 – Follow-up Act Code	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		S
AAA ELEMENT EXAMPLE: AAA*Y**42*Y~						
2110D	320	MSG	01 – Free-Form Message			R
MSG ELEMENT EXAMPLE: MSG*Free form text is discouraged~						
2110D	325	LS	01 – Loop ID Code			R
LS ELEMENT EXAMPLE: LS*2120~						
2110D	340	LE	01 – Loop ID Code			R
LE ELEMENT EXAMPLE: LE*2120~						
	341	SE	01 – Number of included segments			R
	341	SE	02 – Transaction set control number		This data element must be identical to ST02	R
SE ELEMENT EXAMPLE: SE*39*0001~						
	B.10	GE	01 – Number of transaction sets included			R
	B.10	GE	02 – Group control number		This data element must be identical to GS06	R
GE ELEMENT EXAMPLE: GE*1*123456~						
	B.7	IEA	01 – Number of included functional groups			R
	B.7	IEA	02 – Interchange control number		This data element must be identical to ISA13	R
IEA ELEMENT EXAMPLE: IEA*1*123456~						



Document Change Management

Date	Who	Description of Change
07/02/2007	Loren	Initial document creation
07/06/2007	Jim Gray	Editing