

**270/271 Eligibility Benefit Inquiry and Response  
Companion Guide  
ANSI X12N 270/271 (004010X092)  
Implementation Guide**



Simply, the right choice.

COMMUNITY HEALTH PLAN

**Version 1.0**

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**This Companion Guide is a work in progress. Community Health Plan reserves the right to make changes to this Companion Guide at any time without notice. When changes are made, the Change Summary on the last page of this section will identify those changes and give the date and reason for the change.**

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## 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 270/271 Health Care Eligibility Benefit Inquiry and Response transactions implementation guide provides the standardized data requirements to be implemented for all health care eligibility benefit inquiries and responses conducted electronically.

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## PURPOSE

The purpose of this document is to provide the information necessary to submit an eligibility benefit inquiry and receive an eligibility benefit response electronically to/from Community Health Plan. **This companion guide is to be used in conjunction with the ANSI X12N implementation guides.** 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 their web site at [www.wpc-edi.com/hipaa/](http://www.wpc-edi.com/hipaa/). Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>  
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/>  
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>  
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>  
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/>  
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>  
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

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## SPECIAL CONSIDERATIONS

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### Inbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 270 Eligibility Benefit Inquiry transaction that the health plan will accept.

- 270 Health Care Eligibility Benefit Inquiry – **ASC X12N 270 (004010X092A1)**

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### Response Transactions Supported

This section is intended to identify the response transactions supported by the health plan.

- TA1 Interchange Acknowledgement
- 997 Functional Acknowledgement
- 271 Health Care Eligibility Benefit Response– **ASC X12N 271 (004010X092A1)**

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### 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

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

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### Search Criteria

The 270 transaction allows the user to provide whatever patient information they have on hand to identify them to an information source. The Implementation Guide defines a maximum data set that an information source may require and further identifies additional elements that the information source may use, if they are provided, to identify the patient in the information source's system. Community Health Plan requires the following elements to uniquely identify a member in their system.

**Required Search Options:**

- Subscriber's Member ID
- Patient's First Name
- Patient's Last Name
- Patient's Date of Birth

The Patient's First and Last Names, although not required, should be provided if available. They will assist Community Health Plan in identifying the member, if a unique match is not found based on the Member ID and DOB or if one or more of the required elements are unavailable.

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**Inquiry/Response Level Supported**

The 270/271 Health Care Eligibility Benefit Inquiry and Response transaction contains a super set of data segments, elements and codes that represent its full functionality. Receivers of the 271 transactions need to design their systems to receive all of the data segments and data elements identified in the 271 transactions.

However, the information source has the flexibility to determine the amount of information returned on the 271-response transaction. The information source is not required to generate an explicit response to an explicit request, if their 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 their 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.

Community Health Plan will support only the basic request for eligibility. Their 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).

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**Maximum Limitations**

The 270 Health Care Eligibility Benefit Inquiry transaction is designed to inquire on the eligibility status of one or more subscribers/dependents transmitted within the transaction set. The 271 Health Care Eligibility Benefit Response provides the eligibility benefit status for the requested subscribers/dependents.

In the event that multiple matches are found in the database, Community Health Plan will return the AAA segment used to indicate duplicates found, and if possible provide the missing data elements necessary to provide an exact match.

The structure of the transaction is as follows:

Information Source

Information Receiver

Subscriber

Dependent (may be provided if the dependent does not have a unique identifier)

Eligibility Benefit (inquiry 270, or information 271)

Subscriber

Eligibility Benefit (inquiry 270, or information 271)

Each transaction set contains groups of logically related data in units called segments. The number of times a loop or segment may repeat in the transaction set structure is defined in the implementation guide.

Batch Mode:

Community Health Plan has no file size limitations. The Interchange Control structure (ISA/IEA envelope) will be treated as one file. Each Interchange Control structure may consist of multiple Functional Groups (GS/GE envelopes). Community Health Plan requires that the Interchange Control structure is limited to one type of Functional Group, such as 270 Health Care Eligibility Benefit Inquiry Requests. Community Health Plan will validate and accept or reject the entire Interchange Control structure (ISA/IEA envelope).

Batch files will be processed and the response file will be available within 24 hours of receipt.

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## 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.
- **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.

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## Compliance Testing Specifications

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

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, and 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. Also 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 Indian Health. 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>.

Community Health Plan's Recommendations:

According to the Centers for Medicare and Medicaid Services (CMS), you are responsible for ensuring that your EDI transactions are conducted in compliance with HIPAA regulations. In an effort to help you address your HIPAA EDI obligations as efficiently as possible, we recommend Claredi™, the nation's leading provider of HIPAA transaction and code set testing and certification. Claredi is an independent certifying agency, and the only testing and certification entity selected by CMS for their own compliance. As an additional benefit, using the same certification organization as Community Health Plan greatly reduces the potential for any future discrepancies with transactions.

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## **Trading Partner Acceptance Testing Specifications**

To submit a test file to Community Health Plan, you must have a valid Submitter ID. Please contact Community Health Plan's Enrollment Department at (816) 271-7380 or toll-free at 1-800-990-9247 ext 7380.

When testing the Eligibility Benefit Inquiry transaction (270), for more reliable results, it is recommended to have the transaction inquire against production data. Please set the Usage Indicator (ISA15) to 'P' for Production. The inquiry will then go to the production area to verify the eligibility status of the patient

# **270 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY TRANSACTION SPECIFICATIONS**

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
<b>ISA</b>	<b>Interchange Control Header</b>	<b>B.3</b>		<b>1</b>	<b>R</b>	<b>—</b>	<b>1</b>		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	Valid value must be <b>00</b> .
ISA02	Authorization Information		AN	10-10	R				Insert asterisk
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	Valid value must be <b>01</b> .
ISA04	Security Information		AN	10-10	R				Valid value must be <b>00</b> .
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Valid value must be <b>ZZ</b> .
ISA06	Interchange Sender ID		AN	15-15	R				Unique ID determined by sender (i.e. Federal Tax ID)
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Valid value must be <b>ZZ</b> .
ISA08	Interchange Receiver ID		AN	15-15	R				Valid values must be Group number or Provider number
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Validate value and length.
ISA10	Interchange Time		TM	4-4	R			HHMM	Validate value and length.
ISA11	Interchange Control Standards ID		ID	1-1	R			U	Validate value and length.
ISA12	Interchange Control Version Number		ID	5-5	R			00401	Validate value and length.
ISA13	Interchange Control Number		N0	9-9	R				This number must be identical to the associated Interchange Trailer IEA02
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	Validate value and length.
ISA15	Usage Indicator		ID	1-1	R			P, T	Validate value and length.
ISA16	Component Element Separator		AN	1-1	R			<b>CHP recommends using "&gt;" as the segment terminator and using the "~", tilde, as the segment separator.</b>	Note: This value must be different than the data element separator and the segment terminator.
<b>GS</b>	<b>Functional Group Header</b>	<b>B.8</b>		<b>1</b>	<b>R</b>		<b>1</b>		
GS01	Functional Identifier Code		ID	2-2	R			HS, HB	Validate value and length.
GS02	Application Sender Code		AN	2-15	R				Same ID number as ISA06
GS03	Application Receiver Code		AN	2-15	R				Same ID number as ISA08
GS04	Date		DT	8-8	R			CCYYMMDD	Validate value and length.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
GS05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	Valid value must be <b>HHMM</b> .
GS06	Group Control Number		NO	1-9	R				Number originated and maintained by the sender
GS07	Responsible Agency Code		ID	1-2	R			<b>X</b>	Validate value and length.
GS08	Version Identifier Code		AN	1-12	R			<b>004010X092</b>	Validate value and length.
<b>ST</b>	<b>Transaction Set Header</b>	<b>36</b>		<b>1</b>	<b>R</b>				
ST01	Transaction Set Identifier Code		ID	3-3	R			270	Valid value must be <b>270</b> .
ST02	Transaction Set Control Number		AN	4-9	R				Unique number assigned by the sender. Must match number in SE02
<b>BHT</b>	<b>Beginning of Hierarchical Transaction</b>	<b>38</b>		<b>1</b>	<b>R</b>				
BHT01	Hierarchical Structure Code		ID	4-4	R			0022	Valid value must be <b>0022</b> .
BHT02	Transaction Set Purpose Code		ID	2-2	R			01, 13, 36	Valid value must be <b>13</b> .
BHT03	Originator Application Transaction ID		AN	1-30	S				Validate value and length.
BHT04	Date		DT	8-8	R			CCYYMMDD	Validate value and length.
BHT05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	Validate value and length.
BHT06	Transaction Type Code		ID	2-2	S			RT, RU	<b>Do not use</b>
<b>HL</b>	<b>Information Source Level</b>	<b>41</b>		<b>1</b>	<b>R</b>	<b>2000A</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				Validate value and length.
HL02	Hierarchiacal Parent ID Number		AN	1-12	N/U				Data element present but defined as not used.
HL03	Hierarchical Level Code		ID	1-2	R			20	Valid value must be <b>20</b> .
HL04	Hierarchical Child Code		ID	1-1	R			1	Valid value must be <b>1</b> .
<b>NM1</b>	<b>Information Source Name</b>	<b>44</b>		<b>1</b>	<b>R</b>	<b>2100A</b>	<b>&gt;1</b>		
NM101	Entity Identifier Code		ID	2-3	R			2B, 36, GP, P5, PR	Valid value must be <b>PR</b> .
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	Valid value must be <b>2</b> .

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
NM103	Name Last or Organization Name		AN	1-35	S				Use <b>Community Health Plan</b> .
NM104	First Name		AN	1-25	S				<b>Do not use</b>
NM105	Middle Name		AN	1-25	S				<b>Do not use</b>
NM106	Name Prefix		AN	1-10	N/U				Data element present but defined as not used.
NM107	Name Suffix		AN	1-10	S				<b>Do not use</b>
NM108	Identification Code Qualifier		ID	1-2	R			PI, NI, XX, FI, 24, 46	Valid value must be <b>PI</b> .
NM109	Identification Code		AN	2-80	R				Valid value must be <b>431690582</b> .
NM110	Entity Relationship Code		ID	2-2	N/U				Data element present but defined as not used.
NM111	Entity Identifier Code		ID	2-3	N/U				Data element present but defined as not used.
<b>HL</b>	<b>Information Receiver Level</b>	<b>47</b>		<b>1</b>	<b>R</b>	<b>2000B</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R	R			Validate value and length.
HL02	Hierarchiacal Parent ID Number		AN	1-12	N/U				Data element present but defined as not used.
HL03	Hierarchical Level Code		ID	1-2	R			21	Valid value must be <b>21</b> .
HL04	Hierarchical Child Code		ID	1-1	R			1	Valid value must be <b>1</b> .
<b>NM1</b>	<b>Information Receiver Name</b>	<b>50</b>		<b>1</b>	<b>R</b>	<b>2100B</b>	<b>&gt;1</b>		
NM101	Entity Identifier Code		ID	2-3	R			1P, 2B, 80, GP, 36, FA, P5, PR	Validate value and length.
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	Valid value must be <b>2</b> .
NM103	Name Last or Organization Name		AN	1-35	S				Validate value and length.
NM104	First Name		AN	1-25	S				<b>Do not use</b>
NM105	Middle Name		AN	1-25	S				<b>Do not use</b>
NM106	Name Prefix		AN	1-10	N/U				Data element present but defined as not used.
NM107	Name Suffix		AN	1-10	S				Validate value and length.
NM108	Identification Code Qualifier		ID	1-2	R			PI, NI, XX, PP SV, FI, 24, 34	Validate value and length.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
NM109	Identification Code		AN	2-80	R				Validate value and length. Value should be either the CHP assigned Provider or Facility number.
NM110	Entity Relationship Code		ID	2-2	N/U				Data element present but defined as not used.
NM111	Entity Identifier Code		ID	2-3	N/U				Data element present but defined as not used.
<b>REF</b>	<b>Information Receiver Additional Identification</b>	<b>54</b>		<b>1</b>	<b>S</b>	<b>2100B</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1C, 1D, 1J, 4A, CT, EL, EO, HPI, JD, N5, N7, Q4, SY, TJ	Validate value and length.
REF02	Reference Identification		AN	1-30	R				Validate value and length. Value should be either the CHP assigned Provider or Facility number.
REF03	Description		AN	1-80	S				Validate value and length.
REF04	Reference Identifier				N/U				Data element present but defined as not used.
<b>N3</b>	<b>Information Receiver Address</b>	<b>57</b>		<b>1</b>	<b>S</b>	<b>2100B</b>			
N301	Address Information		AN	1-55	R				Validate value is alpha numeric.
N302	Address Information		AN	1-56	S				If given, validate value is alpha numeric.
<b>N4</b>	<b>Information Receiver City/State/Zip Code</b>	<b>58</b>		<b>1</b>	<b>S</b>	<b>2100B</b>			
N401	City Name		AN	2-30	R				Validate value is alpha.
N402	State or Province Code		ID	2-2	R				Validate value is alpha and correct state abbreviation.
									Validate value is numeric and length is not less than five and not greater than ten. Validate that zip is valid for state in N402.
N403	Postal Code		ID	3-15	R				
N404	Country Code		ID	2-3	S				Validate value and length.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
N405	Location Qualifier		ID	1-2	N/U				Data element present but defined as not used.
N406	Location Qualifier		AN	1-30	N/U				Data element present but defined as not used.
<b>PER</b>	<b>Information Receiver Contact Information</b>	<b>60</b>		<b>3</b>	<b>S</b>	<b>2100B</b>			
PER01	Contact Function Code		ID	2-2	R			IC	Validate value and length.
PER02	Name		AN	1-60	S				Validate value and length.
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, TE, FX	Validate value and length.
PER04	Communication Number		AN	1-80	S				Validate value is numeric.
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, TE, EX, FX	Validate value and length.
PER06	Communication Number		AN	1-80	S				Validate value is numeric.
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, TE, EX, FX	Validate value and length.
PER08	Communication Number		AN	1-80	S				Validate value is alpha numeric.
PER09	Contact Inquiry Reference		AN	1-20	N/U				Data element present but defined as not used.
<b>PRV</b>	<b>Information Receiver Provider Information</b>	<b>64</b>		<b>1</b>	<b>S</b>	<b>2100B</b>			
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT. P1, P2, PC, PE, R, RF, SB, SK, SU	Validate value and length.
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	Validate value and length.
PRV03	Reference Identification		AN	1-30	R				Validate value and length.
PRV04	State or Province Code		ID	2-2	N/U				Data element present but defined as not used.
PRV05	Provider Specialty Information			2-2	N/U				Data element present but defined as not used.
PRV06	Provider Organization Code		ID	3-3	N/U				Data element present but defined as not used.
<b>HL</b>	<b>Subscriber Level</b>	<b>66</b>		<b>&gt;1</b>	<b>R</b>	<b>2000C</b>	<b>&gt;1</b>		

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
HL01	Hierarchical ID Number		AN	1/12	R				Validate value and length.
HL02	Hierarchical Parent ID Number		AN	1-12	R				Validate value and length.
HL03	Hierarchical Level Code		ID	1-2	R			22	Valid value must be <b>22</b> .
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	Validate value and length.
<b>TRN</b>	<b>Subscriber Trace Number</b>	<b>67</b>		<b>2</b>	<b>S</b>	<b>2000C</b>	<b>1</b>		
TRN01	Trace Type Code		ID	1-2	R			1	Validate value and length.
TRN02	Reference Identification		AN	1-30	R				Validate value and length.
TRN03	Originating Company Identifier		AN	10-10	R				Validate value and length.
TRN04	Reference Identification		AN	1-30	S				Validate value and length.
<b>NM1</b>	<b>Subscriber Name</b>	<b>71</b>		<b>1</b>	<b>R</b>	<b>2100C</b>	<b>1</b>		
NM101	Entity Identifier Code		ID	2-3	R			IL	Validate value and length.
NM102	Entity Type Qualifier		ID	1-1	R			1	Validate value and length.
NM103	Name Last or Organization Name		AN	1-35	S				Validate value and length.
NM104	Name First		AN	1-25	S				Validate value and length.
NM105	Name Middle		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				Data element present but defined as not used.
NM107	Name Suffix		AN	1-10	S				Validate value and length.
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Valid value must be <b>MI</b> .
NM109	Identification Code		AN	2-80	S				<b>Subscriber number, including Alpha Prefix should be sent.</b>
NM110	Entity Relationship Code		ID	2-2	N/U				Data element present but defined as not used.
NM111	Entity Identifier Code		ID	2-3	N/U				Data element present but defined as not used.
<b>REF</b>	<b>Subscriber Additional Identification</b>	<b>72</b>		<b>9</b>	<b>S</b>	<b>2100C</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			18, 1L, 1W, 1J, 49, 6P, A6, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ, SY	Valid value must be <b>1L</b> .
REF02	Reference Identification		AN	1-30	R				<b>Group Number should be sent.</b>
REF03	Description		AN	1-80	S				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
REF04	Reference Identifier				N/U				Data element present but defined as not used.
<b>N3</b>	<b>Subscriber Address</b>	<b>75</b>		<b>1</b>	<b>S</b>	<b>2100C</b>			
N301	Address Information		AN	1-55	R				Validate value is alpha numeric.
N302	Address Information		AN	1-56	S				If given, validate value is alpha numeric.
<b>N4</b>	<b>Subscriber City/State/Zip Code</b>	<b>78</b>		<b>1</b>	<b>S</b>	<b>2100C</b>			
N401	City Name		AN	2-30	R				validate value is alpha.
N402	State or Province Code		ID	2-2	R				Validate value is alpha and correct state abbreviation.
N403	Postal Code		ID	3-15	R				Validate value is numeric and length is not less than five and not greater than ten. Validate that zip is valid for state in N402.
N404	Country Code		ID	2-3	S				Validate value and length.
N405	Location Qualifier		ID	1-2	N/U				Data element present but defined as not used.
N406	Location Qualifier		AN	1-30	N/U				Data element present but defined as not used.
<b>PRV</b>	<b>Provider Information</b>	<b>78</b>		<b>1</b>	<b>S</b>	<b>2100C</b>			
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT, P1, P2, PC, PE, R, RF, SB, SK, SU	Validate value and length.
PRV02	Reference Identification Qualifier		ID	2-3	R			9K, D3, EI, HPI, SY, TJ, ZZ	Validate value and length.
PRV03	Reference Identification		AN	1-30	R				CHP assigned Facility or Provider Number may be sent.
PRV04	State or Province Code		ID	2-2	N/U				Data element present but defined as not used.
PRV05	Provider Specialty Information				N/U				Data element present but defined as not used.
PRV06	Provider Organization Code		ID	3-3	N/U				Data element present but defined as not used.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
<b>DMG</b>	<b>Subscriber Demographic Information</b>	<b>81</b>		<b>1</b>	<b>S</b>	<b>2100C</b>			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	Validate value and length.
DMG02	Date of Birth - Subscriber		AN	1-35	S			CCYYMMDD	Validate value and length.
DMG03	Gender Code		ID	1-1	S			F,M	Validate value and length.
DMG04	Marital Status Code		ID	1-1	N/U				Data element present but defined as not used.
DMG05	Race or Ethnicity Code		ID	1-1	N/U				Data element present but defined as not used.
DMG06	Citizenship Status Code		ID	1-2	N/U				Data element present but defined as not used.
DMG07	Country Code		ID	2-3	N/U				Data element present but defined as not used.
DMG08	Basis of Verification Code		ID	1-2	N/U				Data element present but defined as not used.
DMG09	Quantity		R	1-15	N/U				Data element present but defined as not used.
<b>INS</b>	<b>Subscriber Relationship</b>	<b>83</b>		<b>1</b>	<b>S</b>	<b>2100C</b>			
INS01	Yes/No Condition or Response Code		ID	1-1	R			Y	Validate value and length.
INS02	Individual Relationship Code		ID	2-2	R			18	Validate value and length.
INS03	Maintenance Type Code		ID	3-3	N/U				Data element present but defined as not used.
INS04	Maintenance Reason Code		ID	2-3	N/U				Data element present but defined as not used.
INS05	Benefit Status Code		ID	1-1	N/U				Data element present but defined as not used.
INS06	Medicare Plan Code		ID	1-1	N/U				Data element present but defined as not used.
INS07	COBRA Qualifying		ID	1-2	N/U				Data element present but defined as not used.
INS08	Employment Status Code		ID	2-2	N/U				Data element present but defined as not used.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
INS09	Student Status Code		ID	1-1	N/U				Data element present but defined as not used.
INS10	Yes/No Condition or Response Code		ID	1-1	N/U				Data element present but defined as not used.
INS11	Date Time Period Format Qualifier		ID	2-3	N/U				Data element present but defined as not used.
INS12	Date Time Period		AN	1-35	N/U				Data element present but defined as not used.
INS13	Confidentiality Code		ID	1-1	N/U				Data element present but defined as not used.
INS14	City Name		AN	2-30	N/U				Data element present but defined as not used.
INS15	State or Province Code		ID	2-2	N/U				Data element present but defined as not used.
INS16	Country Code		ID	2-3	N/U				Data element present but defined as not used.
INS17	Number		NO	1-9	R				
<b>DTP</b>	<b>Subscriber Date</b>	<b>85</b>		<b>2</b>	<b>S</b>	<b>2100C</b>	<b>1</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			102, 307, 435, 472	Validate value and length.
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	Validate value and length.
DPT03	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	Validate value and length.
<b>EQ</b>	<b>Subscriber Eligibility or Benefit Inquiry Information</b>	<b>87</b>		<b>1</b>	<b>S</b>	<b>2110C</b>	<b>99</b>		
EQ01	Service Type Code		ID	1-2	S			See IG for values	Valid value must be <b>30</b> .
EQ02	Composity Medical Procedure Identifier								Validate value and length.
EQ02 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CJ, HC, ID, IV,ND, ZZ	Validate value and length.
EQ02 - 2	Product/Service ID		AN	1-48	R				Validate value and length.
EQ02 - 3	Procedure Modifier		AN	2-2	S				Validate value and length.
EQ02 - 4	Procedure Modifier		AN	2-3	S				Validate value and length.
EQ02 - 5	Procedure Modifier		AN	2-4	S				Validate value and length.
EQ02 - 6	Procedure Modifier		AN	2-5	S				Validate value and length.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
EQ02 - 7	Description		AN	1-80	N/U				Data element present but defined as not used.
EQ03	Coverage Level Code		ID	3-3	S			CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Not necessary to be sent on 270 but will be returned on the 271.
EQ04	Insurance Type Code		ID	1-3	S			AP, C1, CO, GP, HM, HN, IP, MA, MB, MC, PR, PS, SP, WC	Not necessary to be sent on 270 but will be returned on the 271.
<b>AMT</b>	<b>Subscriber Spend Down Amount</b>	<b>97</b>		<b>10</b>	<b>S</b>	<b>2110C</b>	<b>10</b>		
AMT01	Amount Qualifier Code		ID	1-3	R			R	Do Not Use
AMT02	Monetary Amount		R	1-18	R				Do Not Use
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				Do Not Use
<b>III</b>	<b>Subscriber Eligibility or Benefit Additional Inquiry Information</b>	<b>99</b>		<b>10</b>	<b>S</b>	<b>2110C</b>	<b>1</b>		
III01	Code List Qualifier Code		ID	1-3	R			BF, BK, ZZ	Validate value and length.
III02	Industry Code		AN	1-30	R			If BF or BK - code source 131-diagnosis If ZZ - code source 237-Place of Service	Validate value and length.
III03	Code Category		ID	2-2	N/U				Data element present but defined as not used.
III04	Free-Form Message Text		AN	1-264	N/U				Data element present but defined as not used.
III05	Quantity		R	1-15	N/U				Data element present but defined as not used.
III06	Composite Unit of Measure				N/U				Data element present but defined as not used.
III07	Surface/Layer/Position Code		ID	2-2	N/U				Data element present but defined as not used.
III08	Surface/Layer/Position Code		ID	2-2	N/U				Data element present but defined as not used.
III09	Surface/Layer/Position Code		ID	2-2	N/U				Data element present but defined as not used.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
<b>REF</b>	<b>Subscriber Additional Information</b>	<b>102</b>		<b>1</b>	<b>S</b>	<b>2110C</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	Validate value and length.
REF02	Reference Identification		AN	1-30	R				Validate value and length.
REF03	Description		AN	1-80	N/U				Data element present but defined as not used.
REF04	Reference Identifier				N/U				Data element present but defined as not used.
<b>DTP</b>	<b>Subscriber Eligibility/Benefit Date</b>	<b>104</b>		<b>1</b>	<b>S</b>	<b>2110C</b>	<b>1</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			307, 435, 472	Validate value and length.
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	Validate value and length.
DTP03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD- CCYYMMDD	Validate value and length. Can't be greater than current system date.
<b>HL</b>	<b>Dependent Level</b>	<b>107</b>		<b>1</b>	<b>S</b>	<b>2000D</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				Validate value and length.
HL02	Hierarchical Parent ID Number		AN	1-12	R				Validate value and length.
HL03	Hierarchical Level Code		ID	1-2	R			23	Validate value and length.
HL04	Hierarchical Child Code		ID	1-1	R			0	Validate value and length.
<b>TRN</b>	<b>Dependent Trace Number</b>	<b>109</b>		<b>2</b>	<b>S</b>	<b>2000D</b>	<b>1</b>		
TRN01	Trace Type Code		ID	1-2	R			1	Validate value and length.
TRN02	Reference Identification		AN	1-30	R				Validate value and length.
TRN03	Originating Company Identifier		AN	10-10	R				Validate value and length.
TRN04	Reference Identification		AN	1-30	S				Validate value and length.
<b>NM1</b>	<b>Dependent Name</b>	<b>111</b>		<b>1</b>	<b>R</b>	<b>2100D</b>	<b>1</b>		
NM101	Entity Identifier Code		ID	2-3	R			03	Valid value must be <b>03</b> .
NM102	Entity Type Qualifier		ID	1-1	R			1	Valid value must be <b>1</b> .
NM103	Name Last or Organization Name		AN	1-35	S				
NM104	Name First		AN	1-25	S				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
NM105	Name Middle		AN	1-25	S				Validate value is alpha.
NM106	Name Prefix		AN	1-10	N/U				Data element present but defined as not used.
NM107	Name Suffix		AN	1-10	S				Validate value and length.
NM108	Identification Code Qualifier		ID	1-2	N/U				Data element present but defined as not used.
NM109	Identification Code		AN	2-80	N/U				Data element present but defined as not used.
NM110	Entity Relationship Code		ID	2-2	N/U				Data element present but defined as not used.
NM111	Entity Identifier Code		ID	2-3	N/U				Data element present but defined as not used.
<b>REF</b>	<b>Dependent Additional Identification</b>	<b>113</b>		<b>9</b>	<b>S</b>	<b>2100D</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			18, 1L, 6P, A6, CT, EA, EJ, F6, GH, HJ, IF, IG, N6, SY	Validate value and length.
REF02	Reference Identification		AN	1-30	R				Dependent's group number should be sent.
REF03	Description		AN	1-80	S				
REF04	Reference Identifier				N/U				Data element present but defined as not used.
<b>N3</b>	<b>Dependent Address</b>	<b>115</b>		<b>1</b>	<b>S</b>	<b>2100D</b>			
N301	Address Information		AN	1-55	R				Validate value is alpha numeric.
N302	Address Information		AN	1-56	S				If given, validate value is alpha numeric.
<b>N4</b>	<b>Dependent City/State/Zip Code</b>	<b>116</b>		<b>1</b>	<b>S</b>	<b>2100D</b>			
N401	City Name		AN	2-30	R				Validate value is alpha.
N402	State or Province Code		ID	2-2	R				Validate value is alpha and correct state abbreviation.
N403	Postal Code		ID	3-15	R				Validate value is numeric and length is not less than five and not greater than ten. Validate zip is correct for state given in N402.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
N404	Country Code		ID	2-3	S				Validate value and length.
N405	Location Qualifier		ID	1-2	N/U				Data element present but defined as not used.
N406	Location Qualifier		AN	1-30	N/U				Data element present but defined as not used.
<b>PRV</b>	<b>Provider Information</b>	<b>118</b>		<b>1</b>	<b>S</b>	<b>2100D</b>			
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT. P1, P2, PC, PE, R, RF, SB, SK, SU	Validate value and length.
PRV02	Reference Identification Qualifier		ID	2-3	R			9K, D3, EI, HPI, SY, TJ, ZZ	Validate value and length.
PRV03	Reference Identification		AN	1-30	R				CHP assigned Provider or Facility number may be sent.
PRV04	State or Province Code		ID	2-2	N/U				Data element present but defined as not used.
PRV05	Provider Specialty Information				N/U				Data element present but defined as not used.
PRV06	Provider Organization Code		ID	3-3	N/U				Data element present but defined as not used.
<b>DMG</b>	<b>Dependent Demographic Information</b>	<b>121</b>		<b>1</b>	<b>S</b>	<b>2100D</b>			
DMG01	Date Time Period Format Qualifier		ID	2-3	S			D8	Validate value and length.
DMG02	Date of Birth - Subscriber		AN	1-35	S			CCYYMMDD	Validate value and length.
DMG03	Gender Code		ID	1-1	S			F,M	Validate value and length.
DMG04	Marital Status Code		ID	1-1	N/U				Data element present but defined as not used.
DMG05	Race or Ethnicity Code		ID	1-1	N/U				Data element present but defined as not used.
DMG06	Citizenship Status Code		ID	1-2	N/U				Data element present but defined as not used.
DMG07	Country Code		ID	2-3	N/U				Data element present but defined as not used.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
DMG08	Basis of Verification Code		ID	1-2	N/U				Data element present but defined as not used.
DMG09	Quantity		R	1-15	N/U				Data element present but defined as not used.
<b>INS</b>	<b>Dependent Relationship</b>	<b>123</b>		<b>1</b>	<b>S</b>	<b>2100D</b>			
INS01	Yes/No Condition or Response Code		ID	1-1	R			N	Validate value and length.
INS02	Individual Relationship Code		ID	2-2	R			01, 19, 34	Validate value and length.
INS03	Maintenance Type Code		ID	3-3	N/U				Data element present but defined as not used.
INS04	Maintenance Reason Code		ID	2-3	N/U				Data element present but defined as not used.
INS05	Benefit Status Code		ID	1-1	N/U				Data element present but defined as not used.
INS06	Medicare Plan Code		ID	1-1	N/U				Data element present but defined as not used.
INS07	COBRA Qualifying		ID	1-2	N/U				Data element present but defined as not used.
INS08	Employment Status Code		ID	2-2	N/U				Data element present but defined as not used.
INS09	Student Status Code		ID	1-1	N/U				Data element present but defined as not used.
INS10	Yes/No Condition or Response Code		ID	1-1	N/U				Data element present but defined as not used.
INS11	Date Time Period Format Qualifier		ID	2-3	N/U				Data element present but defined as not used.
INS12	Date Time Period		AN	1-35	N/U				Data element present but defined as not used.
INS13	Confidentiality Code		ID	1-1	N/U				Data element present but defined as not used.
INS14	City Name		AN	2-30	N/U				Data element present but defined as not used.
INS15	State or Province Code		ID	2-2	N/U				Data element present but defined as not used.
INS16	Country Code		ID	2-3	N/U				Data element present but defined as not used.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
INS17	Number		NO	1-9	S				
<b>DTP</b>	<b>Dependent Date</b>	<b>126</b>		<b>1</b>	<b>S</b>	<b>2100D</b>	<b>2</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			102, 307, 435, 472	Validate value and length.
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	Validate value and length.
DPT03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD- CCYYMMDD	Validate value and length.
<b>EQ</b>	<b>Dependent Eligibility or Benefit Inquiry Information</b>	<b>128</b>		<b>1</b>	<b>S</b>	<b>2110D</b>	<b>99</b>		
EQ01	Service Type Code		ID	1-2	S			See IG for values	All codes will be accepted. However, type '60' sent on the 270 will return all general benefits for that subscriber allowed by the provider on the 271.
EQ02	Composity Medical Procedure Identifier								
EQ02 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CJ, HC, ID, IV,N4, ZZ	Validate value and length.
EQ02 - 2	Product/Service ID		AN	1-48	R				
EQ02 - 3	Procedure Modifier		AN	2-2	S				Validate value and length.
EQ02 - 4	Procedure Modifier		AN	2-3	S				Validate value and length.
EQ02 - 5	Procedure Modifier		AN	2-4	S				Validate value and length.
EQ02 - 6	Procedure Modifier		AN	2-5	S				Validate value and length.
EQ02 - 7	Description		AN	1-80	N/U				Data element present but defined as not used.
EQ03	Coverage Level Code		ID	3-3	S			CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Not necessary to be sent on 270 but will be returned on the 271.
EQ04	Insurance Type Code		ID	1-3	S			AP, C1, CO, GP, HM, HN, IP, MA, MB, MC, PR, PS, SP, WC	Not necessary to be sent on 270 but will be returned on the 271.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
<b>III</b>	<b>Dependent Eligibility or Benefit Additional Inquiry Information</b>	<b>137</b>		<b>10</b>	<b>S</b>	<b>2110D</b>	<b>10</b>		
III01	Code List Qualifier Code		ID	1-3	R			BF, BK, ZZ	Validate value and length.
III02	Industry Code		AN	1-30	R			If BF or BK - code source 131-diagnosis If ZZ - code source 237-Place of Service	Validate value and length.
III03	Code Category		ID	2-2	N/U				Data element present but defined as not used.
III04	Free-Form Message Text		AN	1-264	N/U				Data element present but defined as not used.
III05	Quantity		R	1-15	N/U				Data element present but defined as not used.
III06	Composite Unit of Measure				N/U				Data element present but defined as not used.
III07	Surface/Layer/Position Code		ID	2-2	N/U				Data element present but defined as not used.
III08	Surface/Layer/Position Code		ID	2-2	N/U				
III09	Surface/Layer/Position Code		ID	2-2	N/U				Data element present but defined as not used.
<b>REF</b>	<b>Dependent Additional Information</b>	<b>140</b>		<b>1</b>	<b>R</b>	<b>2110D</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	Validate value and length
REF02	Reference Identification		AN	1-30	R				Validate value and length
REF03	Description		AN	1-80	N/U				Data element present but defined as not used.
REF04	Reference Identifier		AN	1-80	N/U				Data element present but defined as not used.
<b>DTP</b>	<b>Dependent Eligibility/Benefit Date</b>	<b>142</b>		<b>1</b>	<b>S</b>	<b>2110D</b>	<b>1</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			307, 435, 472	Validate value and length.
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	Validate value and length.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	VALUES	COMMENTS
DPT03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD- CCYYMMDD	Validate value and length.
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>144</b>		<b>1</b>	<b>R</b>		<b>1</b>		
SE01	Number of Included Segments		NO	1-10	R				Validate value and length.
SE02	Transaction Set Control Number		AN	4-9	R				Validate value and length.
<b>ISA</b>	<b>Interchange Control Header</b>	<b>B.7</b>		<b>1</b>	<b>R</b>		<b>1</b>		
IEA01	Number of Included Functional Groups			NO	R	1-5			Validate value and length.
IEA02	Interchange Control Number			NO	R	9-9			This number must be identical to the associated Interchange Header ISA13

