

DATA SPECIFICATIONS HS/270 - Eligibility Inquiry 4010A1 Implementation Format

HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Inquiry

Version: 1.2 Final

Author:	EDS for Medi-Cal
Publication:	05/15/2007
Trading Partner:	Provider, Submitter, Clearinghouse
Created:	05/04/2007
Modified:	05/08/2007
Current:	05/08/2007
Notes:	For Leased-Line, Dial-Up and BATCH Submissions

Table of Contents

270	Eligibility, Coverage or Benefit Inquiry	1
ISA	Interchange Control Header	4
GS	Functional Group Header	8
ST	Transaction Set Header	10
BHT	Beginning of Hierarchical Transaction	11
2000A	Loop 2000A	13
HL	Information Source Level	14
2100A	Loop 2100A	15
NM1	Information Source Name	16
2000B	Loop 2000B	18
HL	Information Receiver Level	19
2100B	Loop 2100B	21
NM1	Information Receiver Name	22
REF	Information Receiver Additional Identification	24
2000C	Loop 2000C	26
HL	Subscriber Level	27
TRN	Subscriber Trace Number	29
2100C	Loop 2100C	31
NM1	Subscriber Name	32
REF	Subscriber Additional Identification	34
DMG	Subscriber Demographic Information	36
DTP	Subscriber Date	37
2110C	Loop 2110C	38
EQ	Subscriber Eligibility or Benefit Inquiry Information	39
SE	Transaction Set Trailer	40
GE	Functional Group Trailer	41
IEA	Interchange Control Trailer	42

270 Eligibility, Coverage or Benefit Inquiry

Functional Group=**HS**

Special Notices:

20070515: Important Notice:

NPI Dual-Use Period: Medi-Cal will have a dual-use period for the NPI where providers will be encouraged to send both the NPI and the Medi-Cal provider number for certain types of transactions. However, for the 270 Eligibility Inquiry transactions, only the Medi-Cal provider number, not the NPI, must be sent and only the provider number will be returned in the 271 response. During this period, if an NPI is received in the 270 transaction, the NPI, in addition to an AAA segment for invalid provider number or provider not on file will be returned in the 271 response.

NPI Implementation: Once the NPI is mandated for use and implemented by Medi-Cal, only the NPI will be accepted and processed for all transactions with the following exception:

- The Medi-Cal provider number must be used if a provider does not qualify for an NPI (atypical providers).

Guide Updates:

20070515 update:

Added new "Special Notices" section to describe the NPI Dual-Use Period and the NPI Implementation.

ISA06 - Added NPI usage description to Medi-Cal notes, removed all references to the OI codes.

ISA08 - Removed the '213' routing code and description - it is not valid.

GS02 - Added NPI usage description to Medi-Cal notes, removed all references to the OI codes.

GS06 - Changed min/max bytes from 9/9 to 1/9.

ST02 - Changed min/max bytes from 9/9 to 4/9.

2100B Receiver Loop: NM1 - Added NPI examples.

2100B Receiver Loop: NM108 - Added NPI information: value 'XX'.

2100B Receiver Loop: NM109 - Added NPI usage description to Medi-Cal Notes, removed all references to the OI codes.

SE02 - Changed min/max bytes from 9/9 to 4/9.

GE02 - Changed min/max bytes from 9/9 to 1/9.

20050523 update:

added BATCH submission transaction information to this guideline document.

20041021 update:

added Dial-Up to the cover page, made the BHT03 Required, included NM103-05 in Subscriber Loop.

20040623 update:

added 2 more routing code options to ISA08, removed 'EDS' & routing code from GS03 & from NM109 in loop 2100A.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, modified the Medi-Cal Note for ISA02, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

All loops and segments will appear in the exact sequence as they appear on page 3, but only the BATCH transactions require the REF segment at the Receiver level, and only the Leased-Line & Dial-Up are restricted to one Subscriber loop per transaction.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator is needed. This is a character which should never be used in any of the data fields. For Medi-Cal we use "*" (asterisk). This first data element separator defines the data element separators used through the entire interchange inquiry. A data element separator will always appear after each data element used, or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last

data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment) a segment terminator is needed. This is a character which should never be used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal we use Hex '0D' for Leased-Line & Dial-Up and the caret (^) for BATCH. This first segment terminator defines the segment terminators used through the entire interchange inquiry. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments which are NOT used.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					<u>1</u>		
060	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					<u>1</u>		
080	NM1	Information Source Name	M	1			Required
LOOP ID - 2000B					<u>1</u>		
100	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					<u>1</u>		
120	NM1	Information Receiver Name	M	1			Required
130	REF	Information Receiver Additional Identification	O	9			Situational
LOOP ID - 2000C					<u>99</u>		
140	HL	Subscriber Level	M	1			Required
150	TRN	Subscriber Trace Number	O	2			Situational
LOOP ID - 2100C					<u>1</u>		
170	NM1	Subscriber Name	M	1			Required
180	REF	Subscriber Additional Identification	O	9			Situational
190	DMG	Subscriber Demographic Information	O	1			Situational
200	DTP	Subscriber Date	O	2			Situational
LOOP ID - 2110C					<u>1</u>		
220	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1			Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
230	SE	Transaction Set Trailer	M	1			Required
240	GE	Functional Group Trailer	M	1			Required
250	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

Leased-Line & Dial-Up:

ISA*03*.....*01*.....*ZZ*.....*ZZ*610442EDS214...*YMMDD*HHMM*U*00401*.....*0*P~(Hex'0D')

BATCH:

ISA*03*.....*00*.....*ZZ*.....*ZZ*610442.....*YMMDD*HHMM*U*00401*.....*1*P~^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required	1
		Description: Code to identify the type of information in the Authorization Information.					
		Code Name					
		03 Additional Data Identification					
ISA02	I02	Authorization Information	M	AN	10/10	Required	1
		Description: Information used for additional identification or authorization of the interchange Sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (ISA01).					
		MEDI-CAL NOTE: Submitters must enter (left justified) their 3-character Submitter (software vendor) ID, followed by their 4-character Software Version Number, and with trailing spaces. New Providers call TSC: (800)541-5555, or if out of state: (916)636-1200.					
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required	1
		Description: Code to identify the type of information in the Security Information.					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up use '01', for BATCH use '00'.					
		Code Name					
		00 No Security Information Present (No Meaningful Information in I04)					
		ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.					
		01 Password					
ISA04	I04	Security Information	O	AN	10/10	Situational	1
		Description: This is used for identifying the security information about the interchange Sender; the type of information is set by the Security Information Qualifier (ISA03).					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up: Required Submitter PIN/Password, left justified and with					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		trailing spaces. For BATCH: leave blank, PIN is validated against the Medi-Cal Web site login password.					
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required	1
		Description: Qualifier to designate the system/method of code structure used to designate the Sender ID element being qualified. This ID qualifies the Sender in ISA06.					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up use the Provider Number as is in NM109 Receiver Level, for BATCH use the Submitter ID as used when you logged onto the Medi-Cal website.					
		Code Name					
		ZZ Mutually Defined					
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required	1
		Description: Identification code published by the Sender for other parties to use as the Receiver ID to route data to them; the Sender always codes this value in the Sender ID element.					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up:					
		NPI Dual-Use Period: Enter the Medi-Cal provider number.					
		NPI Implementation: For providers that have an NPI, enter the NPI. For Providers that do not qualify for an NPI (atypical providers), enter the Medi-Cal provider number.					
		For all types of providers, left justify and with trailing spaces.					
		For BATCH: enter the Submitter ID as used when you logged onto the Medi-Cal Web site.					
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required	1
		Description: Qualifier to designate the system/method of code structure used to designate the Receiver ID element being qualified. This ID qualifies the Receiver in ISA08.					
		Code Name					
		ZZ Mutually Defined					
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required	1
		Description: Identification code published by the Receiver of the data; When sending, it is used by the Sender as their Receiving ID, thus other parties sending to them will use this as a Receiving ID to route data to them.					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up: '610442EDS214', left justify and with trailing spaces. This is the ETIN + 'EDS' + Routing Code. The Routing Code can be: 214 = Production or 211 =					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		System Test. For BATCH: just use '610442'					
ISA09	I08	Interchange Date	M	DT	6/6	Required	1
		Description: Date of the interchange inquiry.					
		MEDI-CAL NOTE: Date in YYMMDD format.					
ISA10	I09	Interchange Time	M	TM	4/4	Required	1
		Description: Time of the interchange inquiry.					
		MEDI-CAL NOTE: Time in HHMM format.					
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required	1
		Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.					
		Code Name					
		U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required	1
		Description: Code specifying the version number of the interchange control segments.					
		Code Name					
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997					
ISA13	I12	Interchange Control Number	M	N9	9/9	Required	1
		Description: A control number assigned by the interchange sender.					
		MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to IEA02.					
ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required	1
		Description: Code sent by the sender to request an interchange acknowledgment (TA1).					
		MEDI-CAL NOTE: For Leased-Line & Dial-Up use '0', for BATCH use '1'.					
		Code Name					
		0 No Acknowledgment Requested					
		1 Interchange Acknowledgment Requested					
ISA15	I14	Usage Indicator	M	ID	1/1	Required	1
		Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information.					
		MEDI-CAL NOTE: For test transactions submitted in the BATCH mode, enter 'T', else use 'P' in all instances.					
		Code Name					
		P Production Data					

Code Name

T Test Data

ISA16	I15	Component Element Separator	M	AN	1/1	Required	1
-------	-----	------------------------------------	---	----	-----	----------	---

Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

MEDI-CAL NOTE: '~' (used in this Guide).

Note: You may use a Component Separator of your choice; however it can not be the same as the Data Element Separator or the Segment Terminator.

Comments:

1. The first data element separator ("*" for Medi-Cal) defines the data element separators to be used through the entire interchange inquiry.
2. The segment terminator (for Medi-Cal: Hex '0D' for Leased-Line & Dial-Up, '^' for BATCH) used after the ISA segment defines the segment terminator to be used throughout the entire interchange inquiry.

GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

GS*HS*.....*601442*CCYYMMDD*HHMMSSDD*.....*X*004010X092A1(Hex'0D')

For BATCH:

GS*HS*.....*601442*CCYYMMDD*HHMMSSDD*.....*X*004010X092A1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	Functional Identifier Code	M	ID	2/2	Required	1
<p>Description: Code identifying a group of application related transaction sets.</p> <p>Code Name HS Eligibility, Coverage or Benefit Inquiry (270)</p>							
GS02	142	Application Sender's Code	M	AN	2/15	Required	1
<p>Description: Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information.</p> <p>MEDI-CAL NOTE: For Leased-Line & Dial-Up: NPI Dual-Use Period: Enter the Medi-Cal provider number. NPI Implementation: For providers that have an NPI, enter the NPI. For providers that do not have an NPI, enter the Medi-Cal provider number. For BATCH: enter the Submitter ID as used when you logged onto the Medi-Cal Web site.</p>							
GS03	124	Application Receiver's Code	M	AN	2/15	Required	1
<p>Description: Code identifying party receiving transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information.</p> <p>MEDI-CAL NOTE: '610442'.</p>							
GS04	373	Date	M	DT	8/8	Required	1
<p>Description: Use this date for the functional group creation date.</p> <p>MEDI-CAL NOTE: Date in CCYYMMDD format.</p>							
GS05	337	Time	M	TM	8/8	Required	1
<p>Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S =</p>							

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the creation time. MEDI-CAL NOTE: Time in HHMM or HHMMSSDD format.					
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: This number must be identical to GE02.	M	N9	1/9	Required	1
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480. MEDI-CAL NOTE: 'X'. <u>Code Name</u> X Accredited Standards Committee X12	M	ID	1/2	Required	1
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user). <u>Code Name</u> 004010X092A Draft Standards Approved for Publication by ASC X12 Procedures Review Board through 1 October 1997, as published in this implementation guide.	M	ID	1/12	Required	1

ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 ST*270*.....(Hex'0D')

For BATCH:
 ST*270*.....^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required	1

Description: Code uniquely identifying a Transaction Set. Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

Code Name

270 Eligibility, Coverage or Benefit Inquiry

ST02	329	Transaction Set Control Number	M	N9	4/9	Required	1
------	-----	--------------------------------	---	----	-----	----------	---

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.

MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to SE02.

BHT Beginning of Hierarchical Transaction

Pos: 040	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

BHT*0022*13*66666*CCYYMMDD*HHMMSSDD(Hex'0D')

For BATCH:

BHT*0022*13*66666*CCYYMMDD*HHMMSSDD^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required	1
		<p>Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.</p> <p>Code Name 0022 Information Source, Information Receiver, Subscriber, Dependent</p>					
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required	1
		<p>Description: Code identifying purpose of transaction set.</p> <p>Code Name 13 Request</p>					
BHT03	127	Reference Identification	O	AN	1/30	Situational	1
		<p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction Identifier in their 271 response if one is submitted.</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: Submitter Transaction Identifier.					
		MEDI-CAL NOTE: This information is required by the information Receiver when using Real Time transactions. For BATCH this can be used for optional information.					
BHT04	373	Date	M	DT	8/8	Required	1
		Description: Use this date for the date the transaction set was generated.					
		Industry: Transaction Set Creation Date.					
		MEDI-CAL NOTE: Date in CCYYMMDD format.					
BHT05	337	Time	M	TM	8/8	Required	1
		Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the time the transaction set was generated.					
		Industry: Transaction Set Creation Time.					
		MEDI-CAL NOTE: Time in HHMMSSDD format.					

Loop 2000A

Pos: 050	Repeat: 1
Mandatory	
Loop: 2000A	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Information Source Level	M	1		Required
070		Loop 2100A	M		1	Required

HL Information Source Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

HL*1**20*1(Hex'0D')

For BATCH:

HL*1**20*1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1

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

MEDI-CAL NOTE: '1'.

HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
------	-----	-------------------------	---	----	-----	----------	---

Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

Code Name

20 Information Source

Description: Identifies the payor, maintainer, or source of the information.

HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
------	-----	-------------------------	---	----	-----	----------	---

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

Code Name

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100A

Pos: 070	Repeat: 1
Mandatory	
Loop: 2100A	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
080	NM1	Information Source Name	M	1		Required

NM1 Information Source Name

Pos: 080	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*PR*2*Medi-Cal*****46*610442(Hex'0D')

For BATCH:

NM1*PR*2*Medi-Cal*****46*610442^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Description: Code identifying an organizational entity, a physical location, property or an individual.					
		Code Name					
		PR		Payer			
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization.					
		Code Name					
		2		Non-Person Entity			
NM103	1035	Name Last or Organization Name	M	AN	1/8	Required	1
		Description: Individual last name or organizational name. Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.					
		Industry: Information Source Last or Organization Name.					
		MEDI-CAL NOTE: 'MEDI-CAL'.					
NM108	66	Identification Code Qualifier	M	ID	1/2	Required	1
		Description: Code designating the system/method of code structure used for Identification Code (67).					
		Code Name					
		46		Electronic Transmitter Identification Number (ETIN)			
		Description: A unique number assigned to each transmitter and software developer.					

NM109	67	Identification Code	M	AN	2/15	Required	1
-------	----	----------------------------	---	----	------	----------	---

Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108).

Industry: Information Source Primary Identifier.

MEDI-CAL NOTE: '610442'.

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Loop 2000B

Pos: 090	Repeat: 1
Mandatory	
Loop: 2000B	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
100	HL	Information Receiver Level	M	1		Required
110		Loop 2100B	M		1	Required

HL Information Receiver Level

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 HL*2*1*21*1(Hex'0D')

For BATCH:
 HL*2*1*21*1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		<p>Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).</p> <p>MEDI-CAL NOTE: '2'.</p>					
HL02	734	Hierarchical Parent ID Number	M	AN	1/12	Required	1
		<p>Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. Use this code to identify the specific hierarchical level to which this level is subordinate.</p> <p>MEDI-CAL NOTE: '1'.</p>					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		<p>Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.</p> <p>Code Name</p> <p>21 Information Receiver</p> <p>Description: Identifies the provider or party(ies) who are the recipient(s) of the information.</p>					
HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
		<p>Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in HL04 at the Loop 2000B level will always be "1".					

Code Name

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B

Pos: 110	Repeat: 1
Mandatory	
Loop: 2100B	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
120	NM1	Information Receiver Name	M	1		Required
130	REF	Information Receiver Additional Identification	O	9		Situational

NM1 Information Receiver Name

Pos: 120	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*1P*1*****SV*ABCDEFGHI.....(Hex'0D')
 NM1*1P*2*****SV*ABCDEFJJJ.....(Hex'0D')
 NM1*1P*1*****XX*1234567890.....(Hex'0D')
 NM1*1P*2*****XX*1234567891.....(Hex'0D')

For BATCH:

NM1*1P*1*****SV*ABCDEFGHI.....^
 NM1*1P*2*****SV*ABCDEFJJJ.....^
 NM1*1P*1*****XX*1234567890.....^
 NM1*1P*2*****XX*1234567891.....^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
<p>Description: Code identifying an organizational entity, a physical location, property or an individual.</p> <p>Code Name 1P Provider</p>							
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
<p>Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization.</p> <p>MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity.</p> <p>Code Name 1 Person 2 Non-Person Entity</p>							
NM108	66	Identification Code Qualifier	M	ID	1/2	Required	1
<p>Description: Code designating the system/method of code structure used for Identification Code (67). Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver.</p> <p>Code Name</p>							

Code Name

SV Service Provider Number

Description: Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.

XX Health Care Financing Administration National Provider Identifier

Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

See code source 537.

NM109	67	Identification Code	M	AN	2/15	Required	1
-------	----	----------------------------	---	----	------	----------	---

Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108).

Industry: Information Receiver Identification Number.

MEDI-CAL NOTE: NPI Dual-Use Period:
 Enter the Medi-Cal provider number with the value 'SV' in NM108.

NPI Implementation: For providers that have an NPI, enter the NPI with the value 'XX' in NM108. For providers that do not qualify for an NPI (atypical providers), enter the Medi-Cal provider number with the value 'SV' in NM108.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

REF Information Receiver Additional Identification

Pos: 130	Max: 9
Detail - Optional	
Loop: 2100B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 NOT USED

For BATCH:
 REF*4A*.....^

MEDI-CAL NOTE:

For BATCH this segment is Required, and can occur 9 times, although only one occurrence is needed (for the Provider PIN).

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Description: Code qualifying the Reference Identification. Use this code to specify or qualify the type of reference number that is following in REF02.

MEDI-CAL NOTE: For BATCH enter a '4A' and in REF02 enter the Provider PIN.

Code Name

0B	State License Number	The state assigning the license number must be identified in REF03.
1C	Medicare Provider Number	This code is only to be used when the information source is not Medicare. If the information source is Medicare, the Medicare provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.
1D	Medicaid Provider Number	This code is only to be used when the information source is not Medicaid. If the information source is Medicaid, the Medicaid provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.
1J	Facility ID Number	
4A	Personal Identification Number (PIN)	Description: A number that uniquely identifies an individual
CT	Contract Number	This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the provider identified in Loop 2000B and the Information Source identified in Loop 2000A.
EL	Electronic device pin number	
EO	Submitter Identification Number	Description: A unique number identifying the submitter of the transaction set
JD	User Identification	
N5	Provider Plan Network Identification Number	

Code Name

Description: A number assigned to identify a specific provider in a health care plan network

N7 Facility Network Identification Number

Description: A number assigned to identify a specific facility in a health care plan network

Q4 Prior Identifier Number

SY Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

TJ Federal Taxpayer's Identification Number

HPI Health Care Financing Administration National Provider Identifier

The Health Care Financing Administration National Provider Identifier may be used in this segment prior to being mandated for use.

CODE SOURCE:

537: Health Care Financing Administration National Provider Identifier

REF02	127	Reference Identification	C	AN	1/30	Required	1
-------	-----	---------------------------------	---	----	------	----------	---

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this reference number as qualified by the preceding data element (REF01).

MEDI-CAL NOTE: For BATCH enter the Provider PIN .. for Other Intermediary (OI) Providers, besides Denti-Cal, enter the Provider OI code before the PIN to make an eight-digit PIN.

Loop 2000C

Pos: 130	Repeat: 99
Mandatory	
Loop: 2000C	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
140	HL	Subscriber Level	M	1		Required
150	TRN	Subscriber Trace Number	O	2		Situational
160		Loop 2100C	M		1	Required

HL Subscriber Level

Pos: 140	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 HL*3*2*22*0(Hex'0D')

For BATCH:
 HL*3*2*22*0^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1
		<p>Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).</p> <p>MEDI-CAL NOTE: For Leased-Line & Dial-Up: '3'. For BATCH: increment this for each Subscriber entered, from 3 and up to 99 Subscribers.</p>					
HL02	734	Hierarchical Parent ID Number	M	AN	1/12	Required	1
		<p>Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. Use this code to identify the specific hierarchical level to which this level is subordinate.</p> <p>MEDI-CAL NOTE: '2'.</p>					
HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
		<p>Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.</p> <p>Code Name</p> <p>22 Subscriber</p> <p>Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits.</p>					
HL04	736	Hierarchical Child Code	M	ID	1/1	Required	1
		<p>Description: Code indicating if there are hierarchical child data segments</p>					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.					

Code Name

0 No Subordinate HL Segment in This Hierarchical Structure.

TRN Subscriber Trace Number

Pos: 150	Max: 2
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

TRN*1*.....*1.....*(Hex'0D')

TRN*1*.....*3.....*(Hex'0D')

TRN*1*.....*9.....*(Hex'0D')

For BATCH:

TRN*1*.....*1.....*.....^

MEDI-CAL NOTE:

This Segment can occur 2 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	Trace Type Code	M	ID	1/2	Required	1
		Description: Code identifying which transaction is being referenced.					
		Code Name					
		1 Current Transaction Trace Numbers					
TRN02	127	Reference Identification	M	AN	1/30	Required	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this number for the trace or reference number assigned by the information receiver.					
		Industry: Trace Number.					
		MEDI-CAL NOTE: Provider Trace Number or the Clearinghouse Trace Number.					
TRN03	509	Originating Company Identifier	O	AN	10/10	Situational	1
		Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: Trace Assigning Entity Identifier.					
		MEDI-CAL NOTE: '1' or '3' or '9', followed by a nine-digit number.					
TRN04	127	Reference Identification	O	AN	1/30	Situational	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).					
		Industry: Trace Assigning Entity Additional Identifier.					

Loop 2100C

Pos: 160	Repeat: 1
Mandatory	
Loop: 2100C	Elements: N/A

User Option (Usage): Required

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
170	NM1	Subscriber Name	M	1		Required
180	REF	Subscriber Additional Identification	O	9		Situational
190	DMG	Subscriber Demographic Information	O	1		Situational
200	DTP	Subscriber Date	O	2		Situational
210		Loop 2110C	O		1	Situational

NM1 Subscriber Name

Pos: 170	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 7

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*IL*1*****MI*.....(Hex'0D')

For BATCH:

NM1*IL*1*****MI*.....^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required	1
		Description: Code identifying an organizational entity, a physical location, property or an individual.					
		Code Name					
		IL Insured or Subscriber					
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization.					
		Code Name					
		1 Person					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational	1
		MEDI-CAL NOTE: If you do not use this data element replace it with a Data Element Separator, and when an NM108 or NM109 follows.					
NM104	1036	Name First	O	AN	1/25	Situational	1
		MEDI-CAL NOTE: If you do not use ... enter an '**' in place of this Data Element.					
NM105	1037	Name or Initial Middle	O	AN	1/25	Situational	1
		MEDI-CAL NOTE: If you do not use ... enter an '**' in place of this Data Element.					
NM108	66	Identification Code Qualifier	M	ID	1/2	Required	1
		Description: Code designating the system/method of code structure used for Identification Code (67). Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<p>associates with the subscriber. Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.</p> <p>Code Name</p> <p>MI Member Identification Number</p> <p>Description: This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Subscriber ID Number, HMO Member ID, etc.).</p>					
NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108). Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.</p> <p>Industry: Subscriber Primary Identifier.</p> <p>MEDI-CAL NOTE: Subscriber (Recipient) Primary ID Number. Do not duplicate this in REF02.</p>	M	AN	2/15	Required	1

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

REF Subscriber Additional Identification

Pos: 180	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

REF*A6*.....(Hex'0D')

For BATCH:

REF*A6*.....^

MEDI-CAL NOTE:

This Segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required	1

Description: Code qualifying the Reference Identification. Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100C.

Code Name

18 Plan Number

Description: The unique identification number assigned for a defined contribution plan

1L Group or Policy Number

Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.

1W Member Identification Number

Use only after the Unique Patient Identifier is available and has been provided in the NM109, but use of the UPI has not been mandated.

6P Group Number

A6 Employee Identification Number

EA Medical Record Identification Number

Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.

EJ Patient Account Number

Description: A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.

IG Insurance Policy Number

N6 Plan Network Identification Number

Description: A number assigned to identify a specific health care network that provides health care services to insured members

NQ Medicaid Subscriber Identification Number

Description: Unique identification number assigned to each member covered under a subscriber's contract.

REF02	127	Reference Identification	M	AN	1/30	Required	1
-------	-----	--------------------------	---	----	------	----------	---

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this reference number as qualified by the preceding data element (REF01).					
		Industry: Subscriber Supplemental Identifier.					
		MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100C.					

DMG Subscriber Demographic Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 DMG*D8*CCYYMMDD(Hex'0D')

For BATCH:
 DMG*D8*CCYYMMDD^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier	O	ID	2/3	Situational	1
		<p>Description: Code indicating the date format, time format, or date and time format. Use this code to indicate the format of the Subscriber Birth Date that follows in DMG02. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.</p> <p>Code Name D8 Date Expressed in Format CCYYMMDD</p>					
DMG02	1251	Date Time Period	O	DT	8/8	Situational	1
		<p>Description: Use this date for the Subscriber Birth Date. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.</p> <p>Industry: Subscriber Birth Date.</p> <p>MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.</p>					

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

DTP Subscriber Date

Pos: 200	Max: 2
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

DTP*102*D8*CCYYMMDD(Hex'0D')

DTP*472*D8*CCYYMMDD(Hex'0D')

For BATCH:

DTP*102*D8*CCYYMMDD^

DTP*472*D8*CCYYMMDD^

MEDI-CAL NOTE:

This Segment can occur two times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
		Description: Code specifying type of date or time, or both date and time.					
		Industry: Date Time Qualifier.					
		Code Name					
		102 Issue					
		472 Service					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
		Description: Code indicating the date format, time format, or date and time format.					
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period	M	DT	8/8	Required	1
		Description: Use this date for the date(s) as qualified by the preceding data elements.					
		MEDI-CAL NOTE: Issue Date of Subscriber's ID Card when DTP = 102, or Service Date when DTP = 472, in CCYYMMDD format.					

Loop 2110C

Pos: 210	Repeat: 1
Optional	
Loop: 2110C	Elements: N/A

User Option (Usage): Situational

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
220	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		Situational

EQ Subscriber Eligibility or Benefit Inquiry Information

Pos: 220	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 EQ*30(Hex'0D')

For BATCH:
 EQ*30^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
EQ01	1365	Service Type Code	M	ID	1/2	Required	1

Description: Code identifying the classification of service. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

Code Name

30 Health Benefit Plan Coverage

Description: If only a single category of inquiry can be supported, use this code.

SE Transaction Set Trailer

Pos: 230	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 SE**(Hex'0D')

For BATCH:
 SE**^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments	M	N9	1/10	Required	1
<p>Description: Total number of segments included in a transaction set including ST and SE segments. Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.</p> <p>Industry: Transaction Segment Count.</p>							
SE02	329	Transaction Set Control Number	M	N9	4/9	Required	1
<p>Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there.</p> <p>MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to ST02.</p>							

GE Functional Group Trailer

Pos: 240	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 GE*1*.....(Hex'0D')

For BATCH:
 GE*1*.....^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	Number of Transaction Sets Included	M	N6	1/6	Required	1
		Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. MEDI-CAL NOTE: '1'.					
GE02	28	Group Control Number	M	N9	1/9	Required	1
		Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to GS06.					

IEA Interchange Control Trailer

Pos: 250	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
 IEA*2*.....(Hex'0D')

For BATCH:
 IEA*2*.....^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups	M	N5	1/5	Required	1
		Description: A count of the number of functional groups included in an interchange.					
		MEDI-CAL NOTE: '1'.					
IEA02	I12	Interchange Control Number	M	N9	9/9	Required	1
		Description: A control number assigned by the interchange sender.					
		MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to ISA13.					