

# **DATA SPECIFICATIONS HS/270 - Medical Services Reservation & MSR Reversals 4010 Standard Format**

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

**Version: 1.2 Final**

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# 270 Eligibility, Coverage or Benefit Inquiry

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## 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 Medical Services Reservation Request and Medical Services Reservation Reversal 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 and 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 exceptions:

- The Medi-Cal provider number must be used if a provider does not qualify for an NPI (atypical providers).
- The Medi-Cal provider number must be used to reverse a Medical Services Request originally created with the Medi-Cal provider number, even if the provider requires/has an NPI.

### Guide Updates:

20070515 update:

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

**Medi-Cal Note:** Removed the references to the 'A', 'B' and 'C' of the 2000 loops. And corrected verbiage defining the three occurrences of the 2000 loops.

**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.

**2000 loop:** Changed verbiage to describe what each occurrence of the 2000 loop represents and which segments and loops to be used for each occurrence.

**2000 loop - HL segment:** changed description for each occurrence of the HL segment in the example from "Source" to "Information Source" and "Provider" to "Information Receiver".

**2000 loop - TRN segment:** Corrected all the verbiage in regards to the 2000 and 2110 loops and their segments in relation to the third occurrence of the 2100 (subscriber) loop.

**2100 loop:** Corrected verbiage on what segments may be present on each of the three levels of the 2100 loop.

**2100 Receiver Loop: NM1 -** Added NPI examples.

**2100 loop - NM1 segment:** Corrected all the verbiage in regards to the 2000 and 2110 loops and their segments in relation to the third occurrence of the 2100 (subscriber) loop.

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

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

**2100 loop - REF segment:** Corrected all the verbiage in regards to the 2000 and 2110 Loops and their segments in relation to the third occurrence of the 2100 (subscriber) loop.

**2100 loop - DTP segment:** Corrected all the verbiage in regards to the 2000 and 2110 loops and their segments in relation to the third occurrence of the 2100 (subscriber) loop.

**2110 loop -** Corrected verbiage to process the EQ segment once for the Subscriber.

**2110 loop: EQ02 -** replaced "SOC/R & MS/R" with the correct verbiage: "Spend Down Request/Reversals and Medical Services Reservations/Reversals"

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

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

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 level 2100.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, removed spaces from example on GS08, deleted EQ01 but added EQ02, modified the Medi-Cal Note for ISA02, and added some Segment Medi-Cal Notes re. Segment occurrences.

## **MEDI-CAL NOTE:**

Process all heading segments in the exact sequence as they appear on page 3. Process the HL Segment of the first occurrence of the 2000 Loop once for the Information Source, followed by the NM1 Segment of the 2100 Information Source Loop. Next, process the HL Segment of the second occurrence of the 2000 Loop once for the Information Receiver 2000(Provider) loop, followed by NM1 Segment of the 2100 Information Receiver Loop. Process the HL segment and the TRN (optional) segments of the third occurrence of the 2000 Loop for the Subscriber, followed by the NM1, REF (Optional),DMG and DTP segments of the 2100 Subscriber Loop, then the EQ segment of the 2110 Subscriber Loop. Finally, process all the Summary Segments in the exact sequence as they appear on page 3.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator will appear. This is a character which is never 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 will appear. This is a character which is never 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'. 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>
<b>LOOP ID - 2000</b>					<b>3</b>		
060	HL	Hierarchical Level	M	1			Required
070	TRN	Trace	O	2			Situational
<b>LOOP ID - 2100</b>					<b>1</b>		
090	NM1	Individual or Organizational Name	M	1			Required
100	REF	Reference Identification	O	9			Situational
110	DMG	Demographic Information	O	1			Situational
120	DTP	Date or Time or Period	O	2			Situational
<b>LOOP ID - 2110</b>					<b>1</b>		
140	EQ	Eligibility or Benefit Inquiry	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>
150	SE	Transaction Set Trailer	M	1			Required
160	GE	Functional Group Trailer	M	1			Required
170	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.

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

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	<b>Authorization Information Qualifier</b>	M	ID	2/2	Required	1
		<b>Description:</b> Code to identify the type of information in the Authorization Information.					
		<b>Code Name</b>					
		03 Additional Data Identification					
ISA02	I02	<b>Authorization Information</b>	M	AN	10/10	Required	1
		<b>Description:</b> 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).					
		<b>MEDI-CAL NOTE: Submitters must enter (left justified) their 3-character Submitter 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. Non-Submitters call as well for dummy Submitter ID &amp; Software Version Number.</b>					
ISA03	I03	<b>Security Information Qualifier</b>	M	ID	2/2	Required	1
		<b>Description:</b> Code to identify the type of information in the Security Information.					
		<b>Code Name</b>					
		01 Password					
ISA04	I04	<b>Security Information</b>	M	AN	10/10	Required	1
		<b>Description:</b> This is used for identifying the security information about the interchange Sender; the type of information is set by the Security Information Qualifier (ISA03).					
		<b>MEDI-CAL NOTE: Submitter PIN / Password, left justified and with trailing spaces.</b>					
ISA05	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required	1
		<b>Description:</b> 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.					

<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>
		<u>Code</u> <u>Name</u> ZZ Mutually Defined					
ISA06	I06	<b>Interchange Sender ID</b>	M	AN	15/15	Required	1
		<b>Description:</b> 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.					
		<b>MEDI-CAL NOTE: For Leased-Line &amp; 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 Medical Services Reservation Reversal transactions, use the same NPI or Medi-Cal provider number that was used in the original Medical Services Reservation Request. For all types of providers, left justify and with trailing spaces.</b>					
ISA07	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required	1
		<b>Description:</b> 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.					
		<u>Code</u> <u>Name</u> ZZ Mutually Defined					
ISA08	I07	<b>Interchange Receiver ID</b>	M	AN	15/15	Required	1
		<b>Description:</b> 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.					
		<b>MEDI-CAL NOTE: '610442EDS214', left justify and with trailing spaces. This is the ETIN + "EDS" + Routing Code. The Routing Code can be: 214 = Production or 211 = System Test.</b>					
ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required	1
		<b>Description:</b> Date of the interchange inquiry.					
		<b>MEDI-CAL NOTE: Date in YYMMDD format.</b>					
ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required	1
		<b>Description:</b> Time of the interchange inquiry.					
		<b>MEDI-CAL NOTE: Time in HHMM format.</b>					

<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>
ISA11	I10	<b>Interchange Control Standards Identifier</b>	M	ID	1/1	Required	1
<p><b>Description:</b> Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.</p> <p><b>Code Name</b>            U U.S. EDI Community of ASC X12, TDCC, and UCS</p>							
ISA12	I11	<b>Interchange Control Version Number</b>	M	ID	5/5	Required	1
<p><b>Description:</b> Code specifying the version number of the interchange control segments.</p> <p><b>Code Name</b>            00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p>							
ISA13	I12	<b>Interchange Control Number</b>	M	N9	9/9	Required	1
<p><b>Description:</b> A control number assigned by the interchange sender.</p> <p><b>MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to IEA02.</b></p>							
ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required	1
<p><b>Description:</b> Code sent by the sender to request an interchange acknowledgment (TA1).</p> <p><b>Code Name</b>            0 No Acknowledgment Requested</p>							
ISA15	I14	<b>Usage Indicator</b>	M	ID	1/1	Required	1
<p><b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information.</p> <p><b>Code Name</b>            P Production Data</p>							
ISA16	I15	<b>Component Element Separator</b>	M	AN	1/1	Required	1
<p><b>Description:</b> 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.</p> <p><b>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.</b></p>							

## Comments:

1. The first element separator (an '\*' is used in this Guide) defines the element separator to be used through the entire interchange inquiry.
2. The segment terminator (Hex '0D' is used in this Guide) used after the ISA 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.  
 GS\*HS\*.....\*610442\*CCYYMMDD\*HHMMSSDD\*.....\*X\*004010X092(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	<b>Functional Identifier Code</b>	M	ID	2/2	Required	1
<p><b>Description:</b> Code identifying a group of application related transaction sets.</p> <p><b>Code Name</b>            HS Eligibility, Coverage or Benefit Inquiry (270)</p>							
GS02	142	<b>Application Sender's Code</b>	M	AN	2/15	Required	1
<p><b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information.</p> <p><b>MEDI-CAL NOTE: NPI Dual-Use Period:</b>            Enter the Medi-Cal provider number.  <b>NPI Implementation:</b> 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 Medical Services Reservation Reversal transactions, use the same NPI or Medi-Cal provider number that was on the original Medical Services Reservation Request.</p>							
GS03	124	<b>Application Receiver's Code</b>	M	AN	2/15	Required	1
<p><b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information.</p> <p><b>MEDI-CAL NOTE: '610442'.</b></p>							
GS04	373	<b>Date</b>	M	DT	8/8	Required	1
<p><b>Description:</b> Use this date for the functional group creation date.</p> <p><b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b></p>							
GS05	337	<b>Time</b>	M	TM	8/8	Required	1
<p><b>Description:</b> 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</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>
		creation time. <b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>					
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender. <b>MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to GE02.</b>	M	N9	1/9	Required	1
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480. <b>MEDI-CAL NOTE: 'X'.</b> <u>Code</u> <u>Name</u> X Accredited Standards Committee X12	M	ID	1/2	Required	1
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> 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). <b>MEDI-CAL NOTE: '004010X092'.</b> <u>Code</u> <u>Name</u> 004010X092 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through 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.  
 ST\*270\*.....(Hex'0D')

## 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>
ST01	143	<b>Transaction Set Identifier Code</b>	M	ID	3/3	Required	1
		<b>Description:</b> Code uniquely identifying a Transaction Set.					
		<b>Code Name</b>					
		270 Eligibility, Coverage or Benefit Inquiry					
ST02	329	<b>Transaction Set Control Number</b>	M	N9	4/9	Required	1
		<b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.					
		<b>MEDI-CAL NOTE:</b> 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: 6

User Option (Usage): Required

## Example:

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

BHT\*0022\*01\*66666\*CCYYMMDD\*HHMMSSDD\*RU(Hex'0D')

BHT\*0022\*36\*66666\*CCYYMMDD\*HHMMSSDD\*RU(Hex'0D')

## 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	<b>Hierarchical Structure Code</b>	M	ID	4/4	Required	1
<p><b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set.</p> <p><b>Code Name</b>            0022 Information Source, Information Receiver, Subscriber, Dependent</p>							
BHT02	353	<b>Transaction Set Purpose Code</b>	M	ID	2/2	Required	1
<p><b>Description:</b> Code identifying purpose of transaction set.</p> <p><b>Code Name</b>            01 Cancellation            36 Authority to Deduct (Reply)</p>							
BHT03	127	<b>Reference Identification</b>	M	AN	1/30	Required	1
<p><b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.</p> <p><b>Industry: Submitter Transaction Identifier</b></p> <p><b>MEDI-CAL NOTE: This information is required by the information receiver when using Real Time transactions.</b></p>							
BHT04	373	<b>Date</b>	O	DT	8/8	Situational	1
<p><b>Description:</b> Use this date for the date the transaction was generated.</p> <p><b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b></p>							
BHT05	337	<b>Time</b>	O	TM	8/8	Situational	1
<p><b>Description:</b> 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).</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>
		<b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>					
BHT06	640	<b>Transaction Type Code</b>	M	ID	2/2	Required	1
		<b>Description:</b> Code specifying the type of transaction.					
		<b>Code Name</b>					
		RU Medical Services Reservation					

# Loop 2000

Pos: 050	Repeat: 3
Mandatory	
Loop: 2000	Elements: N/A

User Option (Usage): Required

## MEDI-CAL NOTE:

The first occurrence of the 2000 loop is used for the Information Source, the second occurrence of the 2000 loop is used for the Information Receiver, and the third occurrence of the 2000 loop is used for the Subscriber.  
For the Information Source, include the HL segment of the 2000 loop and the NM1 segment of the 2100 loop.  
For the Information Receiver, include the HL segment of the 2000 loop and the NM1 segment of the 2100 loop.  
For the Subscriber, include the HL segment of the 2000 loop, the NM1, DMG and DTP segments of the 2100 loop, and the EQ segment of the 2110 loop. The TRN of the 2000 loop and the REF segment of the 2100 loop are optional.

## 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	Hierarchical Level	M	1		Required
070	TRN	Trace	O	2		Situational
080		Loop 2100	M		1	Required

# HL Hierarchical Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 4

User Option (Usage): Required

## Example:

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

First loop (Information Source) example:

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

Second loop (Information Receiver) example:

HL\*2\*1\*21\*1(Hex'0D')

Third loop (Subscriber) example:

HL\*3\*2\*22\*0(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	<b>Hierarchical ID Number</b>	M	AN	1/12	Required	1
		<p><b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.</p> <p><b>MEDI-CAL NOTE:</b> '1' if HL03 = 20, '2' if HL03 = 21, or '3' if HL03 = 22.</p>					
HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Situational	1
		<p><b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.</p> <p><b>MEDI-CAL NOTE:</b> When HL03 = 20 skip this data element (replace with a Data Element Separator), otherwise '1' if HL03 = 21, or '2' if HL03 = 22.</p>					
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required	1
		<p><b>Description:</b> Code defining the characteristic of a level in a hierarchical structure.</p> <p><b>Code Name</b></p> <p>20 Information Source  <b>Description:</b> Identifies the payor, maintainer, or source of the information.</p> <p>21 Information Receiver  <b>Description:</b> Identifies the provider or party(ies) who are the recipient(s) of the information.</p> <p>22 Subscriber  <b>Description:</b> 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	<b>Hierarchical Child Code</b>	O	ID	1/1	Situational	1
		<p><b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described.</p> <p><b>MEDI-CAL NOTE:</b> '1' if HL03 = 20 or 21, '0' if HL03 = 22.</p>					

**Code Name**

- 0 No Subordinate HL Segment in This Hierarchical Structure.
- 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

# TRN Trace

Pos: 070	Max: 2
Detail - Optional	
Loop: 2000	Elements: 4

User Option (Usage): Situational

## Example:

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

TRN\*1\*.....\*1.....\*(Hex'0D')  
 TRN\*1\*.....\*3.....\*(Hex'0D')  
 TRN\*1\*.....\*9.....\*(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2000 (Subscriber) loop, and it can occur 2 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	<b>Trace Type Code</b>	M	ID	1/2	Required	1
		<b>Description:</b> Code identifying which transaction is being referenced.					
		<b>Code Name</b>					
		1 Current Transaction Trace Numbers					
TRN02	127	<b>Reference Identification</b>	M	AN	1/30	Required	1
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.					
		<b>MEDI-CAL NOTE: Provider Trace Number or the Clearinghouse Trace Number.</b>					
TRN03	509	<b>Originating Company Identifier</b>	O	AN	10/10	Situational	1
		<b>Description:</b> 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.					
		<b>MEDI-CAL NOTE: '1' or '3' or '9', followed by a nine-digit number.</b>					
TRN04	127	<b>Reference Identification</b>	O	AN	1/30	Situational	1
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.					
		<b>Industry: Trace Assigning Entity Additional Identifier</b>					

# Loop 2100

Pos: 080	Repeat: 1
Mandatory	
Loop: 2100	Elements: N/A

User Option (Usage): Required

## MEDI-CAL NOTE:

Process the NM1 Segment of the 2100 loop once for the Information Source. Process the NM1 Segment of the 2100 loop once for the Information Receiver. For the Subscriber, process the NM1 and DMG once, the DTP segment of 2100 loop twice (Issue and Service Date) and the EQ segment of the 2110 loop once. The REF segment of the Subscriber 2100 loop is optional.

## 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>
090	NM1	Individual or Organizational Name	M	1		Required
100	REF	Reference Identification	O	9		Situational
110	DMG	Demographic Information	O	1		Situational
120	DTP	Date or Time or Period	O	2		Situational
130		Loop 2110	O		1	Situational

# NM1 Individual or Organizational Name

Pos: 090	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 7

User Option (Usage): Required

## Example:

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

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

NM1\*1P\*1\*\*\*\*\*SV\*.....(Hex'0D')

NM1\*1P\*2\*\*\*\*\*SV\*.....(Hex'0D')

NM1\*1P\*1\*\*\*\*\*XX\*.....(Hex'0D')

NM1\*1P\*2\*\*\*\*\*XX\*.....(Hex'0D')

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

## 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	<b>Entity Identifier Code</b>	M	ID	2/3	Required	1
		<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual.					
		<b>Code Name</b>					
		1P	Provider				
		IL	Insured or Subscriber				
		PR	Payer				
NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required	1
		<b>Description:</b> Code qualifying the type of entity.					
		<b>MEDI-CAL NOTE:</b> '1' when NM101 = IL, or '2' when NM101 = PR. When NM101 = 1P: '1' for Person when the provider is doing business as a sole proprietor, otherwise '2' for non-person entity.					
		<b>Code Name</b>					
		1	Person				
		2	Non-Person Entity				
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Situational	1
		<b>Description:</b> Individual last name or organizational name.					
		<b>MEDI-CAL NOTE:</b> 'MEDI-CAL' only when NM101 = PR, otherwise if you do not use this data element replace it with a Data Element Separator when NM101 = 1P or IL, and when an NM108 or NM109 follows.					
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational	1
		<b>MEDI-CAL NOTE:</b> If you do not use ... enter an '**' in place of this Data Element.					
NM105	1037	<b>Name or Initial Middle</b>	O	AN	1/25	Situational	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>
		<b>MEDI-CAL NOTE: If you do not use ... enter an '*' in place of this Data Element.</b>					
NM108	66	<b>Identification Code Qualifier</b>	M	ID	1/2	Required	1
		<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67).					
		<b>MEDI-CAL NOTE: '46' when NM101 = PR; or 'SV'(Service Provider) or 'XX' (NPI) when NM101 = 1P; or 'MI' when NM101 = IL.</b>					
		<b>Code Name</b>					
		46 Electronic Transmitter Identification Number (ETIN)					
		<b>Description:</b> A unique number assigned to each transmitter and software developer.					
		MI Member Identification Number					
		SV Service Provider Number					
		XX Health Care Financing Administration National Provider Identifier					
NM109	67	<b>Identification Code</b>	M	AN	2/15	Required	1
		<b>Description:</b> Code identifying a party or other code.					
		<b>MEDI-CAL NOTE: Information Source loop: '610442' with the qualifier '46' in NM108.</b>					
		<b>Information Receiver loop:</b>					
		<b>NPI Dual-Use Period: Enter the Medi-Cal provider number with the qualifier 'SV' in NM108.</b>					
		<b>NPI Implementation: For providers that have an NPI, enter the NPI with the qualifier 'XX' in NM108. For providers that do not qualify for an NPI (atypical providers), enter the Medi-Cal provider number with the qualifier 'SV' in NM108.</b>					
		<b>For Medical Services Reservation Reversal transactions use the same NPI or Medi-Cal provider number that was on the original Medical Services Reservation Request.</b>					
		<b>Subscriber loop:</b>					
		<b>Primary ID Number with the qualifier 'MI' in NM108. Do not duplicate this in REF02.</b>					
		<b>ExternalCodeList</b>					
		<b>Name:</b> 537					
		<b>Description:</b> Health Care Financing Administration National Provider Identifier					

**Syntax Rules:**

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

# REF Reference Identification

Pos: 100	Max: 9
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.  
 REF\*A6\*.....(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 (Subscriber) loop, and 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.

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

### Code Name

- 18 Plan Number  
**Description:** The unique identification number assigned for a defined contribution plan
- 1L Group or Policy Number
- 1W Member Identification Number
- 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.
- SY Social Security Number

REF02	127	Reference Identification	M	AN	1/30	Required	1
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Industry: Subscriber Supplemental Identifier**

**MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100-Subscriber.**

<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>
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# DMG Demographic Information

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.  
 DMG\*D8\*CCYYMMDD(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 (Subscriber) loop.

## 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	<b>Date Time Period Format Qualifier</b>	O	ID	2/3	Situational	1
		<b>Description:</b> Code indicating the date format, time format, or date and time format.					
		<b>Code Name</b>					
		D8					Date Expressed in Format CCYYMMDD
DMG02	1251	<b>Date Time Period</b>	O	DT	8/8	Situational	1
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times.					
		<b>Industry: Subscriber Birth Date</b>					
		<b>MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.</b>					

## Syntax Rules:

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

# DTP Date or Time or Period

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

## Example:

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

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

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

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 (Subscriber) loop, and it can occur 2 times.

## 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>
DTP01	374	<b>Date/Time Qualifier</b>	M	ID	3/3	Required	1
		<b>Description:</b> Code specifying type of date or time, or both date and time.					
		<b>Code Name</b>					
		102		Issue			
		472		Service			
DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID	2/3	Required	1
		<b>Description:</b> Code indicating the date format, time format, or date and time format.					
		<b>Code Name</b>					
		D8		Date Expressed in Format CCYYMMDD			
DTP03	1251	<b>Date Time Period</b>	M	DT	8/8	Required	1
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times.					
		<b>MEDI-CAL NOTE:</b> Issue Date of Subscriber's ID Card when DTP = 102, or Date of Service when DTP = 472, in CCYYMMDD format.					

# Loop 2110

Pos: 130	Repeat: 1
Optional	
Loop: 2110	Elements: N/A

User Option (Usage): Situational

## MEDI-CAL NOTE:

Process the EQ Segment in this 2110 loop once, and only for the Subscriber.

## 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	EQ	Eligibility or Benefit Inquiry	O	1		Situational

# EQ Eligibility or Benefit Inquiry

Pos: 140	Max: 1
Detail - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.  
 EQ\*\*CJ\*(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EQ02	C003	Composite Medical Procedure Identifier	O	Comp		Situational	1

**Description:** To identify a medical procedure by its standardized codes and applicable modifiers.

**MEDI-CAL NOTE:** Always enter a code here. This Data Element used ONLY for Spend Down Requests/Reversals and Medical Services Reservations/Reversals.

235		Product/Service ID Qualifier	M	ID	2/2	Required	1
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**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234).

### Code Name

CJ Current Procedural Terminology (CPT) Codes

**Description:** Published by the AMA. It is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians; the uniform language accurately designates medical, surgical, and diagnostic services, and thereby provides reliable communications among physicians, patients, and payers.

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

**Description:** HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments.

ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure

**Description:** The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code.

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

ND National Drug Code (NDC)

ZZ Mutually Defined

234		Product/Service ID	M	AN	1/48	Required	1
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**Description:** Identifying number for a product or service.

1339		Procedure Modifier	O	AN	2/2	Situational	1
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**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners.

**MEDI-CAL NOTE:** You may enter a code, and use component separators.

<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>
	1339	<b>Procedure Modifier</b>	O	AN	2/2	Situational	1
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners.</p> <p><b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b></p>					
	1339	<b>Procedure Modifier</b>	O	AN	2/2	Situational	1
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners.</p> <p><b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b></p>					
	1339	<b>Procedure Modifier</b>	O	AN	2/2	Situational	1
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners.</p> <p><b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b></p>					

# SE Transaction Set Trailer

Pos: 150	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.  
 SE\*.....\*.....(Hex'0D')

## 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	<b>Number of Included Segments</b>	M	N9	1/10	Required	1
		<b>Description:</b> Total number of segments included in a transaction set including ST and SE segments.					
		<b>Industry: Transaction Segment Count</b>					
SE02	329	<b>Transaction Set Control Number</b>	M	N9	4/9	Required	1
		<b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.					
		<b>MEDI-CAL NOTE:</b> A number, right justified and with leading zeros. This number must be identical to ST02.					

# GE Functional Group Trailer

Pos: 160	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.  
 GE\*1\* .....(Hex'0D')

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

# IEA Interchange Control Trailer

Pos: 170	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.  
 IEA\*2\*.....(Hex'0D')

## 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	<b>Number of Included Functional Groups</b>	M	N5	1/5	Required	1
		<b>Description:</b> A count of the number of functional groups included in an interchange/					
		<b>MEDI-CAL NOTE: '1'.</b>					
IEA02	I12	<b>Interchange Control Number</b>	M	N9	9/9	Required	1
		<b>Description:</b> A control number assigned by the interchange sender.					
		<b>MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to ISA13.</b>					