

DATA SPECIFICATIONS HB/271 - Medical Services Reservation & MSR Reversals 4010 Standard Format

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

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271 Eligibility, Coverage or Benefit Response

Functional Group=**HB**

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 in the 270 transaction and only the provider number will be returned in the 271 transaction. 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 returned for all transactions with the following exceptions:

- The Medi-Cal provider number will be returned in the 271 response if a provider does not qualify for an NPI (atypical providers) and it is received in the 270 request.
- The Medi-Cal provider number will be returned in the 271 response for Medical Services Reservation Reversals for Reservations originally created with the Medi-Cal provider number and it is received in the 270 request.

Guide Updates:

20070515 update:

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

Medi-Cal Note: Corrected verbiage defining the three occurrences of the 2000 loops.

ISA08 - Added NPI usage description to Medi-Cal notes, removed all references to the OI codes.

GS03 - 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 Subscriber Loop TRN: Corrected verbiage in relation to third 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 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.

2110 Subscriber Loop EB: Corrected verbiage in relation to third 2100 (subscriber) loop.

2110 Loop: EB05 - Removed 'Fee for SVC' portion of Medical Notes. This type of message is in the MSG segments only.

2110 Subscriber Loop REF: Corrected verbiage in relation to third 2100 (subscriber) loop.

2110 Subscriber Loop DTP: Corrected verbiage in relation to third 2100 (subscriber) loop.

2110 Subscriber Loop AAA: Corrected verbiage in relation to third 2100 (subscriber) loop.

2110 Subscriber Loop MSG: Corrected verbiage in relation to third 2100 (subscriber) loop.

2110 Subscriber Loop LS: Corrected verbiage in relation to third 2100 (subscriber) loop.

2120 Subscriber Loop NM1: Corrected verbiage in relation to third 2100 (subscriber) Loop.

2120 Subscriber Loop PER: Corrected verbiage in relation to third 2100 (subscriber) Loop.

2120 Subscriber Loop LE: Corrected verbiage in relation to third 2100 (subscriber) loop.

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, changed wording in NM103-05 in Subscriber Loop.

20040623 update:

changed code '03' to '00' in ISA01, changed Medi-Cal Note in ISA02 to 'Spaces', added 2 more routing code options to ISA06, removed 'EDS' & routing code from GS02 & 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 GS08 example, increased maximum segment occurrences in DTP from 5X to 9X & in MSG from 2X to 10X, removed two

dashes from '004010X092--' in ISA08, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

All heading segments will appear in the exact sequence as they appear on page 3.

The first occurrence of the 2000 loop is used for the Information Source, which consists of the HL segment and possibly as many as nine AAA segments, followed by the 2100 loop with an NM1 segment, as many as three PER segments, and possibly as many as nine AAA segments.

The second occurrence of the 2000 loop is used for the Information Receiver which consists of an HL segment followed by the 2100 loop with an NM1 segment, and possibly as many as nine AAA segments.

The third occurrence of the 2000 loop is used for the Subscriber which consists of the HL segment, as many as three TRN segments, the 2100 loop with the NM1, REF, N4, AAA, DMG, DTP segments, followed by as many 2110 loops and 2120 loops as necessary to describe the Subscriber's coverage and/or benefits.

Lastly, all the Summary segments will appear 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 is needed. 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 response. A data element separator will always be needed 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 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 response. 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 - 2000					3		
060	HL	Hierarchical Level	M	1			Required
070	TRN	Trace	O	3			Situational
080	AAA	Request Validation	O	9			Situational
LOOP ID - 2100					1		
100	NM1	Individual or Organizational Name	M	1			Required
110	REF	Reference Identification	O	9			Situational
120	N4	Geographic Location	O	1			Required
130	PER	Administrative Communications Contact	O	3			Required
140	AAA	Request Validation	O	9			Situational
150	DMG	Demographic Information	O	1			Situational
160	DTP	Date or Time or Period	O	9			Situational
LOOP ID - 2110					≥1		
180	EB	Eligibility or Benefit Information	O	1			Situational
190	REF	Reference Identification	O	9			Situational
200	DTP	Date or Time or Period	O	20			Situational
210	AAA	Request Validation	O	9			Situational
220	MSG	Message Text	O	10			Situational

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>
230	LS	Loop Header	O	1			Situational

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 - 2120					1		
250	NM1	Individual or Organizational Name	O	1			Situational
260	PER	Administrative Communications Contact	O	3			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>
270	LE	Loop Trailer	O	1			Situational
280	SE	Transaction Set Trailer	M	1			Required

<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>
290	GE	Functional Group Trailer	M	1			Required
300	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*00*.....*00*.....*ZZ*610442.....*ZZ*.....*YYMMDD*HHMM*U*00401*000000001*0*P*~(Hex'0D')

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 (ISA02).					
		Code Name					
		00 No Authorization Information Present (No Meaningful Information in I02)					
ISA02	I02	Authorization Information	M	AN	10/10	Required	1
		Description: Information used for additional identification or authorization of the interchange response sender; the type of information is set by the Authorization Information Qualifier (ISA01).					
		MEDI-CAL NOTE: Spaces.					
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required	1
		Description: Code to identify the type of information in the Security Information (ISA04).					
		Code Name					
		00 No Security Information Present (No Meaningful Information in I04)					
ISA04	I04	Security Information	M	AN	10/10	Required	1
		Description: This is used for identifying the security information about the interchange response sender; the type of information is set by the Security Information Qualifier (ISA03).					
		MEDI-CAL NOTE: Spaces.					
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 interchange response sender ID element being qualified. This ID qualifies the sender in ISA06.					
		Code Name					
		ZZ Mutually Defined					
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required	1
		Description: Identification code published by the interchange response sender for other parties to use as the receiver ID to					

<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>
		route data to them. MEDI-CAL NOTE: '610442', left justify and pad with spaces.					
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 interchange response 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 interchange response receiver (sent in ISA06 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them. MEDI-CAL NOTE: For Leased-Line & Dial-Up: NPI Dual-Use Period: The Medi-Cal provider number if it is received in the 270 request. The NPI if it is received in the 270 request. NPI Implementation: The NPI, if it is received in the 270 request. The Medi-Cal provider number if it is received in the 270 request.					
ISA09	I08	Interchange Date	M	DT	6/6	Required	1
		Description: Date of the interchange response. MEDI-CAL NOTE: Date in YYMMDD format.					
ISA10	I09	Interchange Time	M	TM	4/4	Required	1
		Description: Time of the interchange response. 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 response 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 response 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

<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>Description: Identifying control number, assigned and maintained by the interchange response sender, and must match IEA02.</p> <p>MEDI-CAL NOTE: '00000001'. This number must be identical to IEA02.</p>					
ISA14	I13	<p>Acknowledgment Requested</p> <p>Description: Code sent by the interchange response receiver, sent in ISA14 of the 270 interchange inquiry, to request an interchange acknowledgment (TA1).</p> <p>Code Name 0 No Acknowledgment Requested</p>	M	ID	1/1	Required	1
ISA15	I14	<p>Usage Indicator</p> <p>Description: Code to indicate whether data enclosed by this interchange response envelope is test, production or information.</p> <p>Code Name P Production Data</p>	M	ID	1/1	Required	1
ISA16	I15	<p>Component Element Separator</p> <p>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.</p> <p>MEDI-CAL NOTE: '~'.</p>	M	AN	1/1	Required	1

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 (Hex '0D' for Medi-Cal) 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.
 GS*HB*610422*.....*CCYYMMDD*HHMMSSDD*000000001*X*004010X092(Hex'0D')

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 HB Eligibility, Coverage or Benefit Information (271)</p>							
GS02	142	Application Sender's Code	M	AN	2/15	Required	1
<p>Description: Identification code published by the functional group sender for other parties to use as the receiver ID to route data to them.</p> <p>MEDI-CAL NOTE: '610442'.</p>							
GS03	124	Application Receiver's Code	M	AN	2/15	Required	1
<p>Description: Identification code published by the functional group receiver (sent in GS02 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them.</p> <p>MEDI-CAL NOTE: NPI Dual-Use Period: The Medi-Cal provider number if it is received in the 270 request. The NPI if it is received in the 270 request. NPI Implementation: The NPI, if it is received in the 270 request. The Medi-Cal provider number if it is received in the 270 request.</p>							
GS04	373	Date	M	DT	8/8	Required	1
<p>Description: Creation date of the functional group.</p> <p>MEDI-CAL NOTE: Date in CCYYMMDD format.</p>							
GS05	337	Time	M	TM	8/8	Required	1
<p>Description: Creation time of the functional group, 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> <p>MEDI-CAL NOTE: Time in HHMMSSDD format.</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>
GS06	28	Group Control Number	M	N9	1/9	Required	1
		Description: Identifying control number, assigned and maintained by the functional group sender, and must match GE02. MEDI-CAL NOTE: '1'. This number must be identical to GE02.					
GS07	455	Responsible Agency Code	M	ID	1/2	Required	1
		Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element GS08. MEDI-CAL NOTE: 'X'.					
		Code	Name				
		X	Accredited Standards Committee X12				
GS08	480	Version / Release / Industry Identifier Code	M	ID	1/12	Required	1
		Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; GS08 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. MEDI-CAL NOTE: '004010X092'.					
		Code	Name				
		004010X092	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				

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*271*000000001(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	Transaction Set Identifier Code	M	ID	3/3	Required	1
		<p>Description: Code uniquely identifying the 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.</p> <p>Code Name 271 Eligibility, Coverage or Benefit Information</p>					
ST02	329	Transaction Set Control Number	M	N9	4/9	Required	1
		<p>Description: Identifying control number, assigned and maintained by the transaction set sender, and must match SE02.</p> <p>MEDI-CAL NOTE: '0001'. This number must be identical to SE02.</p>					

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.
 BHT*0022*11*66666*CCYYMMDD*HHMMSSDD(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required	1
<p>Description: Code indicating the hierarchical application structure of the transaction set that utilizes the HL segment to define the structure of the transaction set. This code specifies 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 (and it is not present for Medi-Cal transactions).</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 11 Response</p>							
BHT03	127	Reference Identification	M	AN	1/30	Required	1
<p>Description: 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 not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270.</p> <p>Industry: Submitter Transaction Identifier</p> <p>MEDI-CAL NOTE: An additional identifier if one was sent in BHT03 of the 270 transaction inquiry.</p>							
BHT04	373	Date	O	DT	8/8	Situational	1
<p>Description: Generation date of the transaction set.</p> <p>Industry: Transaction Set Creation Date</p> <p>MEDI-CAL NOTE: Date in CCYYMMDD</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>
		format.					
BHT05	337	Time	O	TM	8/8	Situational	1
		<p>Description: Generation time of the transaction set, 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>					
		<p>Industry: Transaction Set Creation Time</p>					
		<p>MEDI-CAL NOTE: Time in HHMMSSDD format.</p>					

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, the HL segment of the 2000 loop and the NM1 segment of the 2100 loop will be present.
 For the Information Receiver, the HL segment of the 2000 loop and the NM1 segment of the 2100 loop will be present.
 For the Subscriber, the HL segment of the 2000 loop, the NM1, DMG and DTP segments of the 2100 loop, the EB,REF, DTP, LS, LE segment of the 2110 loop and the 2120 NM1 and PER segments may be present. The TRN of the 2000 loop and the REF segment of the 2100 loop may also be present.

There may also be AAA segments in one or more loops.

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	3		Situational
080	AAA	Request Validation	O	9		Situational
090		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 (Source) example:

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

Second loop (Provider) 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	Hierarchical ID Number	M	AN	1/1	Required	1

Description: A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the 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' if HL03 = 20, '2' if HL03 = 21, '3' if HL03 = 22.

HL02	734	Hierarchical Parent ID Number	O	AN	1/1	Situational	1
------	-----	-------------------------------	---	----	-----	-------------	---

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate.

MEDI-CAL NOTE: When HL03 = 20 this data element is skipped (a data element separator in it's place), otherwise a '1' if HL03 = 21, or a '2' if HL03 = 22.

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.

21 Information Receiver

Description: Identifies the provider or party(ies) who are the recipient(s) of the information.

Code Name

22 Subscriber

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. Use the subscriber level to identify the insured or subscriber of the health care coverage. This entity may or may not be the actual patient.

HL04 736 **Hierarchical Child Code** O ID 1/1 Situational 1

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described.

MEDI-CAL NOTE: '1' if HL03 = 20 or 21, '0' if HL03 = 22.

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: 3
Detail - Optional	
Loop: 2000	Elements: 4

User Option (Usage): Situational

Example:

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

TRN*2*.....*1.....*(Hex'0D')
 TRN*2*.....*3.....*(Hex'0D')
 TRN*1*.....*9610442...(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2000 (Subscriber) loop, and it can occur 3 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.

MEDI-CAL NOTE: '2' for Provider and/or Clearinghouse Trace Numbers, and '1' for the EVC Number.

Code Name

1 Current Transaction Trace Numbers

Description: The term "Current Transaction Trace Numbers" refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).

MEDI-CAL NOTE:

If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to "1" (since it will be returned by the information source as a "2").

2 Referenced Transaction Trace Numbers

Description: The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.

TRN02	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: Trace Number

MEDI-CAL NOTE: A provider and/or clearinghouse trace number when TRN01 = '2', and an EVC Number when TRN01 = '1'. The EVC number will always be contained in the last repeat of the TRN segment.

TRN03	509	Originating Company Identifier	O	AN	10/10	Situational	1
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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

<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>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.</p> <p>Industry: Trace Assigning Entity Identifier</p> <p>MEDI-CAL NOTE: When TRN01 = 1 then '9610442', left justified & padded with spaces.</p>					
TRN04	127	<p>Reference Identification</p> <p>Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier.</p> <p>Industry: Trace Assigning Entity Additional Identifier</p> <p>MEDI-CAL NOTE: Additional identifying information only when TRN01 = 2.</p>	O	AN	1/30	Situational	1

AAA Request Validation

Pos: 080	Max: 9
Detail - Optional	
Loop: 2000	Elements: 3

User Option (Usage): Situational

Example:

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

AAA*N**41*P(Hex'0D')

AAA*N**42*R(Hex'0D')

AAA*Y**41*S(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the first occurrence of the 2000 loop for the Source, and it can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1

Description: Code indicating a Yes or No condition or response.

Industry: Valid Request Indicator

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

N No

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

Y Yes

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

AAA03	901	Reject Reason Code	M	ID	2/2	Required	1
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Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully by the entity identified in either ISA06, ISA08, GS02 or GS03.

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

04 Authorized Quantity Exceeded

Description: Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A.

41 Authorization/Access Restrictions

Description: Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A.

42 Unable to Respond at Current Time

Description: Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A.

Code Name

79 Invalid Participant Identification

Description: Use this code to indicate that the value in either GS02 or GS03 is invalid.

AAA04	889	Follow-up Action Code	M	ID	1/1	Required	1
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Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

C Please Correct and Resubmit

N Resubmission Not Allowed

P Please Resubmit Original Transaction

R Resubmission Allowed

S Do Not Resubmit; Inquiry Initiated to a Third Party

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

Comments:

1. Use of this segment at this location is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

Loop 2100

Pos: 090	Repeat: 1
Mandatory	
Loop: 2100	Elements: N/A

User Option (Usage): Required

MEDI-CAL NOTE:

The NM1 segment, as many as three PER segments, and possibly as many as nine AAA segments for the first occurrence of the 2100 loop may be present for the Information Source loop. The NM1 segment, and possibly as many as nine AAA segments for the second occurrence of the 2100 loop may be present for the Information Receiver loop. Then the NM1, REF, AAA, DMG and the DTP segments for the third occurrence of the 2100 loop may be present for the Subscriber loop.

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	NM1	Individual or Organizational Name	M	1		Required
110	REF	Reference Identification	O	9		Situational
120	N4	Geographic Location	O	1		Required
130	PER	Administrative Communications Contact	O	3		Required
140	AAA	Request Validation	O	9		Situational
150	DMG	Demographic Information	O	1		Situational
160	DTP	Date or Time or Period	O	9		Situational
170		Loop 2110	O		>1	Situational

NM1 Individual or Organizational Name

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 7

User Option (Usage): Required

Example:

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

First loop (Source) example:

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

Second loop (Provider) example:

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

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

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

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

Third loop (Subscriber) example:

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

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</p> <p>1P Provider IL Insured or Subscriber PR Payer</p>							
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
<p>Description: Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization.</p> <p>MEDI-CAL NOTE: '1' will always appear 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.</p> <p>Code Name</p> <p>1 Person 2 Non-Person Entity</p>							
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational	1
<p>Description: Individual last name or organizational name.</p> <p>Industry: Information Source Last or Organization Name ... or, Subscriber Last Name</p> <p>MEDI-CAL NOTE: 'MEDI-CAL' when</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>
		NM101 = PR, or Subscriber last name and when NM101 = IL AND NM102 = 1, unless a rejection response is generated.					
NM104	1036	Name First Description: Individual first name. Use this name for the subscriber's first name. Industry: Subscriber First Name MEDI-CAL NOTE: Subscriber's first name, when entered, if NM101 = IL AND NM102 = 1, unless a rejection response is generated.	O	AN	1/25	Situational	1
NM105	1037	Initial Middle Description: Individual middle name or initial. Use this name for the subscriber's middle name or initial. Industry: Subscriber Middle Name or Middle Initial. MEDI-CAL NOTE: Subscriber's middle initial, when a middle name or initial is entered, and if NM101 = IL AND NM102 = 1, unless a rejection response is generated.	O	AN	1/25	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (NM109). Use this element to qualify the identification number submitted in NM109. MEDI-CAL NOTE: '46' when NM101 = PR; or 'SV'(Service Provider) or 'XX' (NPI) when NM101 = 1P; or 'MI' when NM101 = IL.	M	ID	1/2	Required	1
		Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: 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	Identification Code Description: Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108). Industry: Information Source Primary Identifier, or Information Receiver Identification Number, or Subscriber Primary Identifier MEDI-CAL NOTE: Information Source loop: '610442' with the qualifier '46' in NM108. Information Receiver loop: NPI Dual-Use Period: The Medi-Cal	M	AN	2/30	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>
		<p>provider number with the qualifier 'SV' in NM108 when the Medi-Cal provider number is received in the 270 transaction. If an NPI is received in the 270 transaction, the NPI with the qualifier 'SV' in NM108.</p> <p>NPI Implementation: The NPI with the NM108 qualifier 'XX', if it is received in the 270 request. The Medi-Cal provider number with the NM108 qualifier 'SV' if it is received in the 270 request.</p> <p>When NM108 = MI: Subscriber (Recipient) Primary ID Number.</p>					

Syntax Rules:

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

REF Reference Identification

Pos: 110	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 it 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
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 if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.
- 3H Case 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. See segment note 2.

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

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

N4 Geographic Location

Pos: 120	Max: 1
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
 N4****CY*..(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>
N405	309	Location Qualifier	O	ID	1/2	Situational	1
		Description: Code identifying type of location.					
		Code Name					
		CY County/Parish					
N406	310	Location Identifier	O	AN	1/2	Situational	1
		Description: Code which identifies a specific location.					
		Industry: Location Identification Code					
		ExternalCodeList					
		Name: 43					
		Description: FIPS-55 (Named Populated Places)					

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

PER Administrative Communications Contact

Pos: 130	Max: 3
Detail - Optional	
Loop: 2100	Elements: 4

User Option (Usage): Required

Example:

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

PER*IC*POS HELP HESK*TE*8004271295(Hex'0D')

PER*IC*.*TE*.(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the first occurrence of the 2100 loop for the Source, and it can occur 3 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>
PER01	366	Contact Function Code	M	ID	2/2	Required	1
<p>Description: Code identifying the major duty or responsibility of the person or group named.</p> <p>Code Name IC Information Contact</p>							
PER02	93	Name	O	AN	1/60	Situational	1
<p>Description: Free-form name. Use this name for the individual's name or group's name to use when contacting the individual or organization. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).</p> <p>Industry: Subscriber Contact Name</p> <p>MEDI-CAL NOTE: 'POS Help Desk Toll Free Number' or 'Voice AEVS'.</p>							
PER03	365	Communication Number Qualifier	O	ID	2/2	Situational	1
<p>Description: Code identifying the type of communication number.</p> <p>Code Name TE Telephone</p>							
PER04	364	Communication Number	O	AN	1/10	Situational	1
<p>Description: Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number.</p> <p>Industry: Subscriber Contact Number</p> <p>MEDI-CAL NOTE: '8005415555' or '8004562387'.</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>
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Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.

AAA Request Validation

Pos: 140	Max: 9
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Example:

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

First loop (Source) examples:

AAA*N**42*N(Hex'0D')

AAA*N**79*P(Hex'0D')

AAA*Y**80*R(Hex'0D')

Second loop (Provider) examples:

AAA*N**15*S(Hex'0D')

AAA*N**50*W(Hex'0D')

AAA*Y**51*X(Hex'0D')

Third loop (Subscriber) examples:

AAA*N**43*N(Hex'0D')

AAA*N**75*S(Hex'0D')

AAA*Y**76*Y(Hex'0D')

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1

Description: Code indicating a Yes or No condition or response.

Industry: Valid Request Indicator

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

N No

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

Y Yes

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

AAA03	901	Reject Reason Code	M	ID	2/2	Required	1
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Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

04 Authorized Quantity Exceeded

15 Required application data missing

41 Authorization/Access Restrictions

42 Unable to Respond at Current Time

Description: Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual

Code Name

- request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response).
- 43 Invalid/Missing Provider Identification
 - 44 Invalid/Missing Provider Name
 - 45 Invalid/Missing Provider Specialty
 - 46 Invalid/Missing Provider Phone Number
 - 47 Invalid/Missing Provider State
 - 48 Invalid/Missing Referring Provider Identification Number
 - 49 Provider is Not Primary Care Physician
 - 50 Provider Ineligible for Inquiries
 - 51 Provider Not on File
 - 52 Service Dates Not Within Provider Plan Enrollment
 - 56 Inappropriate Date
 - 57 Invalid/Missing Date(s) of Service
 - 58 Invalid/Missing Subscriber Birth Date
 - 60 Subscriber Birth Date Follows Date(s) of Service
 - 61 Date of Death Precedes Date(s) of Service
 - 62 Service Date Not Within Allowable Inquiry Period
 - 63 Service Date in Future
 - 64 Invalid/Missing Patient ID
 - 65 Invalid/Missing Patient Name
 - 66 Invalid/Missing Patient Gender Code
 - 67 Patient Not Found
 - 68 Duplicate Patient ID Number
 - 71 Subscriber Birth Date Does Not Match That for the Patient on the Database
 - 72 Invalid/Missing Subscriber/Insured ID
 - 73 Invalid/Missing Subscriber/Insured Name
 - 74 Invalid/Missing Subscriber/Insured Gender Code
 - 75 Subscriber/Insured Not Found
 - 76 Duplicate Subscriber/Insured ID Number
 - 77 Subscriber Found, Patient Not Found
 - 78 Subscriber/Insured Not in Group/Plan Identified
 - 79 Invalid Participant Identification
 - 80 No Response received - Transaction Terminated
 - 97 Invalid or Missing Provider Address
 - T4 Payer Name or Identifier Missing

AAA04	889	Follow-up Action Code	M	ID	1/1	Required	1
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Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

- C Please Correct and Resubmit
- N Resubmission Not Allowed
- P Please Resubmit Original Transaction
- R Resubmission Allowed

Description: Use only when AAA03 is "42".

Code Name

S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Description: Use only when AAA03 is "42".

Comments:

1. For the first loop of 2100 for the Source, use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.
2. For the second loop of 2100 for the Provider, use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).
3. For the third loop of 2100 for the Subscriber, use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

DMG Demographic Information

Pos: 150	Max: 1
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Example:

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

DMG*D8*CCYYMMDD*M(Hex'0D')
 DMG*D8*CCYYMMDD*F(Hex'0D')
 DMG*D8*CCYYMMDD*U(Hex'0D')

MEDI-CAL NOTE:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	Date Time Period Format Qualifier	O	ID	2/2	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.</p> <p>Code Name D8 Date Expressed in Format CCYYMMDD</p>					
DMG02	1251	Date Time Period	O	DT	8/8	Situational	1
		<p>Description: Expression of a date, a time, or range of dates, times or dates and times. This date for the Subscriber birth date of the individual.</p> <p>Industry: Subscriber Birth Date</p> <p>MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.</p>					
DMG03	1068	Gender Code	O	ID	1/1	Situational	1
		<p>Description: Code indicating the sex of the individual.</p> <p>Industry: Subscriber Gender Code</p> <p>Code Name F Female M Male U Unknown</p>					

Syntax Rules:

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

DTP Date or Time or Period

Pos: 160	Max: 9
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*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')
 DTP*458*D8*CCYYMMDD(Hex'0D')
 DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 (Subscriber) loop, and it can occur 9 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	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			
		307		Eligibility			
				Description: Range of dates when the subscriber or dependent were eligible for benefits.			
		458		Certification			
				Description: Date of a document attesting to a fact.			
		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. DTP02 is the date or time or period format that will appear in DTP03.					
		Code Name					
		D8		Date Expressed in Format CCYYMMDD			
		RD8		Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
				Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.			
DTP03	1251	Date Time Period	M	AN	8/17	Required	1
		Description: Expression of a date, a time, or range of dates, times or dates and times.					
		MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.					

Loop 2110

Pos: 170	Repeat: >1
Optional	
Loop: 2110	Elements: N/A

User Option (Usage): Situational

MEDI-CAL NOTE:

The 2110 loop is used only for the third occurrence of the 2100 (Subscriber) loop. All these segments may/may not be present in the 2110 loop.

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>
180	EB	Eligibility or Benefit Information	O	1		Situational
190	REF	Reference Identification	O	9		Situational
200	DTP	Date or Time or Period	O	20		Situational
210	AAA	Request Validation	O	9		Situational
220	MSG	Message Text	O	10		Situational
230	LS	Loop Header	O	1		Situational
240		Loop 2120	O		1	Situational
270	LE	Loop Trailer	O	1		Situational

EB Eligibility or Benefit Information

Pos: 180	Max: 1
Detail - Optional	
Loop: 2110	Elements: 11

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
 EB*1*FAM*96*GP*.7*445*20*DY*21*Y(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of the third occurrence of the 2100 (subscriber) loop.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EB01	1390	Eligibility or Benefit Information	M	ID	1/2	Required	1

Description: Code identifying eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

Mode: Automatic

Control: Text

Code Name

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

Description: Not recommended. See section 1.3.10 Disclaimers Within the Transaction.

- Q Second Surgical Opinion Required
- R Other or Additional Payor

Code Name

S Prior Year(s) History
 T Card(s) Reported Lost/Stolen
 U Contact Following Entity for Eligibility or Benefit Information
 V Cannot Process
 W Other Source of Data
 X Health Care Facility
 Y Spend Down
 CB Coverage Basis
 MC Managed Care Coordinator

EB02 1207 **Coverage Level Code** O ID 3/3 Situational 1

Description: Code indicating the level of coverage being provided for this insured. It identifies the types and number of entities that are covered by the insurance plan.

Industry: Benefit Coverage Level Code

Code Name

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

EB03 1365 **Service Type Code** O ID 1/2 Situational 1

Description: Code identifying the classification of service. If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage.

Code Name

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

Code Name

19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
	Description: Use this code if only a single category of benefits can be supported.
32	Plan Waiting Period
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental
42	Home Health Care
43	Home Health Prescriptions
44	Home Health Visits
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam

Code	Name
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam

Code Name

- AO Lenses
- AQ Nonmedically Necessary Physical
Description: These physicals are required by other entities e.g., insurance application, pilot license, employment or school
- AR Experimental Drug Therapy
- BA Independent Medical Evaluation
- BB Partial Hospitalization (Psychiatric)
- BC Day Care (Psychiatric)
- BD Cognitive Therapy
- BE Massage Therapy
- BF Pulmonary Rehabilitation
- BG Cardiac Rehabilitation
- BH Pediatric
- BI Nursery
- BJ Skin
- BK Orthopedic
- BL Cardiac
- BM Lymphatic
- BN Gastrointestinal
- BP Endocrine
- BQ Neurology
- BR Eye
- BS Invasive Procedures

EB04 1336 **Insurance Type Code** O ID 1/3 Situational 1

Description: Code identifying the type of insurance policy within a specific insurance program.

Code Name

- D Disability
Description: Provides periodic payments to replace income when an insured person is unable to work as a result of illness, injury or disease.
- 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
- 14 Medicare Secondary, No-fault Insurance including Auto is Primary
- 15 Medicare Secondary Worker's Compensation
- 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- 41 Medicare Secondary Black Lung
- 42 Medicare Secondary Veteran's Administration
- 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- 47 Medicare Secondary, Other Liability Insurance is Primary
- AP Auto Insurance Policy
- C1 Commercial
- CO Consolidated Omnibus Budget Reconciliation Act (COBRA)
- CP Medicare Conditionally Primary
- DB Disability Benefits
- EP Exclusive Provider Organization
Description: Gives subscriber a choice of providers from an approved/contracted payer list; there are fixed dollar co-payments for most covered services in return for using plan providers.
- FF Family or Friends
- GP Group Policy
Description: Two or more people who are part of complete unit who enter into an insurance contract

Code Name

- with an insurance company.
- HM Health Maintenance Organization (HMO)
- HN Health Maintenance Organization (HMO) - Medicare Risk
- HS Special Low Income Medicare Beneficiary
Description: An individual eligible for Medicare for whom Medicaid pays only Medicare premiums.
- IN Indemnity
Description: Gives a subscriber the choice to select any provider. Payment is fixed percentage of the cost for covered care after satisfying an annual deductible.
- IP Individual Policy
- LC Long Term Care
Description: Coverage designed to help pay for some or all long term care costs, reducing the risk that a policy-holder would need to deplete all of his or her assets to pay for long term care.
- LD Long Term Policy
- LI Life Insurance
- LT Litigation
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid
Description: Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act.
- MH Medigap Part A
Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part A reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.
- MI Medigap Part B
Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.
- MP Medicare Primary
Description: Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to medicare benefits).
- OT Other
- PE Property Insurance - Personal
- PL Personal
- PP Personal Payment (Cash - No Insurance)
- PR Preferred Provider Organization (PPO)
- PS Point of Service (POS)
- QM Qualified Medicare Beneficiary
Description: Coverage for a Medicare eligible individual for whom Medicaid pays only for Medicare premiums, co-insurance, and deductibles.
- RP Property Insurance - Real
- SP Supplemental Policy
Description: An insurance policy intended to cover non-covered charges of another insurance policy.
- TF Tax Equity Fiscal Responsibility Act (TEFRA)
- WC Workers Compensation
Description: Coverage provides medical treatment, rehabilitation, lost wages and related expenses arising from a job related injury or disease.
- WU Wrap Up Policy
Description: A Workers Compensation Policy written for a specific job site, which will include or cover more than one insured.

EB05 1204 **Plan Coverage Description** O AN 1/50 Situational 1

Description: A description or number that identifies the plan or coverage. This will be

<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>
		free-form text to convey the specific product name for an insurance plan.					
		MEDI-CAL NOTE: 'CMSP' or 'CHDP'					
EB06	615	Time Period Qualifier	O	ID	1/2	Situational	1
		Description: Code defining periods for the time period category for the benefits being described when needed to qualify benefit availability.					
		Code Name					
		6 Hour					
		7 Day					
		13 24 Hours					
		21 Years					
		22 Service Year					
		23 Calendar Year					
		24 Year to Date					
		25 Contract					
		26 Episode					
		27 Visit					
		28 Outlier					
		29 Remaining					
		30 Exceeded					
		31 Not Exceeded					
		32 Lifetime					
		33 Lifetime Remaining					
		34 Month					
		35 Week					
		36 Admission					
EB07	782	Monetary Amount	O	R	1/7	Situational	1
		Description: Monetary amount. Use this monetary amount as qualified by EB01, used if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment.					
		Industry: Benefit Amount					
EB08	954	Percent	O	R	1/3	Situational	1
		Description: Percentage expressed as a decimal, used as a percentage rate as qualified by EB01. Used if eligibility or benefit must be qualified by a percentage; e.g., co-insurance.					
		Industry: Benefit Percent					
EB09	673	Quantity Qualifier	O	ID	2/2	Situational	1
		Description: Code specifying the type of quantity, used to identify the type of units that are being conveyed in the following data element (EB10).					
		Code Name					
		99 Quantity Used					
		Description: Quantity of units used.					
		CA Covered - Actual					

Code Name

		Description: Days covered on this service.
CE	Covered - Estimated	Description: Estimated days covered on this service.
DB	Deductible Blood Units	Description: Amount of blood units not reimbursed due to plan deductible limits.
DY	Days	
HS	Hours	
LA	Life-time Reserve - Actual	Description: Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve.
LE	Life-time Reserve - Estimated	Description: Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is an estimate of the number of days in reserve.
MN	Month	
P6	Number of Services or Procedures	
QA	Quantity Approved	Description: Quantity allowed by the company processing the claim.
S7	Age, High Value	Description: Use this code when a benefit is based on a maximum age for the patient.
S8	Age, Low Value	Description: Use this code when a benefit is based on a minimum age for the patient.
VS	Visits	
YY	Years	

EB10	380	Quantity	O	R	1/15	Situational	1
		Description: Numeric value of quantity, used for the quantity value as qualified by the preceding data element (EB09).					

Industry: Benefit Quantity

EB11	1073	Yes/No Condition or Response Code	O	ID	1/1	Situational	1
		Description: Code indicating a Yes or No condition or response, used if it is necessary to indicate if authorization or certification is required.					

Industry: Authorization or Certification Indicator

MEDI-CAL NOTE: 'Y' or 'N'. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.

Code Name

N	No
Y	Yes

Syntax Rules:

1. P0910 - If either EB09 or EB10 is present, then the other is required.

REF Reference Identification

Pos: 190	Max: 9
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Example:

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

REF*18*.....*(Hex'0D')

REF*G1*.....*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of the third occurrence of the 2100 (subscriber) loop and can occur up to 9 times per 2110 loop.

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: Used only in an EB loop with EB01 = 'R'.

Code Name

18 Plan Number

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

1L Group or Policy Number

Description: 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

49 Family Unit Number

Description: An identification number assigned to siblings within the same family.

6P Group Number

9F Referral Number

A6 Employee Identification Number

F6 Health Insurance Claim (HIC) Number

Description: A unique number assigned by the government to each person entitled to Medicare benefits

G1 Prior Authorization Number

Description: An authorization number acquired prior to the submission of a claim.

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
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

Industry: Subscriber Eligibility or Benefit

<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>
		Identifier					
REF03	352	Description	O	AN	1/80	Situational	1
		Description: A free-form description to clarify the related data elements and their content.					
		Industry: Plan Sponsor Name					

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

DTP Date or Time or Period

Pos: 200	Max: 20
Detail - Optional	
Loop: 2110	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*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')
 DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of the third occurrence of the 2110 (Subscriber) loop and can occur 20 times per 2110 loop.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required	1
<p>Description: Code specifying type of date or time, or both date and time.</p> <p>Industry: Date Time Qualifier</p> <p>Code Name</p> <p>102 Issue</p> <p>307 Eligibility</p> <p>Description: Range of dates when the subscriber or dependent were eligible for benefits.</p> <p>458 Certification</p> <p>Description: Date of a document attesting to a fact</p> <p>472 Service</p>							
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required	1
<p>Description: Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.</p> <p>Code Name</p> <p>D8 Date Expressed in Format CCYYMMDD</p> <p>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.</p>							
DTP03	1251	Date Time Period	M	AN	8/17	Required	1
<p>Description: Expression of a date, a time, or range of dates, times or dates and times.</p> <p>Industry: Eligibility or Benefit Date Time Period</p> <p>MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.</p>							

AAA Request Validation

Pos: 210	Max: 9
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Example:

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

AAA*N**15*C(Hex'0D')
 AAA*N**60*R(Hex'0D')
 AAA*Y**70*Y(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of the third occurrence of the 2100 (Subscriber) loop and can occur 9 times per 2110 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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required	1

Description: Code indicating a Yes or No condition or response.

Industry: Valid Request Indicator

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

N No

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

Y Yes

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

AAA03	901	Reject Reason Code	M	ID	2/2	Required	1
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Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

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

Code Name

69 Inconsistent with Patient's Age
 70 Inconsistent with Patient's Gender

AAA04	889	Follow-up Action Code	M	ID	1/1	Required	1
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Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

C Please Correct and Resubmit
 N Resubmission Not Allowed
 R Resubmission Allowed
 W Please Wait 30 Days and Resubmit
 X Please Wait 10 Days and Resubmit
 Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

MSG Message Text

Pos: 220	Max: 10
Detail - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

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

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of the third occurrence of the 2110 (Subscriber) loop and can occur 10 times per 2110 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>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required	1

Description: Free-form message text.

MEDI-CAL NOTE: Additional eligibility data that cannot be codified.

LS Loop Header

Pos: 230	Max: 1
Heading - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
LS*2120(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2110 loop of 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>
LS01	447	Loop Identifier Code	M	AN	1/4	Required	1

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical.

MEDI-CAL NOTE: '2120', per the Implementation Guide.

Loop 2120

Pos: 240	Repeat: 1
Optional	
Loop: 2120	Elements: N/A

User Option (Usage): Situational

MEDI-CAL NOTE:

The NM1 with/without the PER segments may be present in the 2120 loop of the 2110 loop and is used to return the Subscriber's Primary Care Provider or Other Health Plan information. It is used only in the 2110 loop of the third occurrence of the 2100 (Subscriber) loop.

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>
250	NM1	Individual or Organizational Name	O	1		Situational
260	PER	Administrative Communications Contact	O	3		Situational

NM1 Individual or Organizational Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2120	Elements: 8

User Option (Usage): Situational

Example:

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

NM1*1P*1*.....*.....*.....*.....*FI*.....(Hex'0D')
 ex'0D')
 NM1*13*2*.....****34*.....(Hex'0D')
 NM1*SEP*2*.....****FA*.....(Hex'0D')

MEDI-CAL NOTE:

This segment is used only in the 2120 loop of the 2110 loop from the third occurrence of the 2100 (subscriber) loop.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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			
		13		Contracted Service Provider			
		1P		Provider			
		2B		Third-Party Administrator			
		36		Employer			
		73		Other Physician			
				Description: Physician not one of the other specified choices.			
		FA		Facility			
		GP		Gateway Provider			
				Description: Identifies a gateway access provider.			
		IL		Insured or Subscriber			
				Description: Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation).			
		LR		Legal Representative			
		P3		Primary Care Provider			
				Description: Physician that is selected by the insured to provide medical care.			
		P4		Prior Insurance Carrier			
		P5		Plan Sponsor			
		PR		Payer			
		VN		Vendor			
		X3		Utilization Management Organization			
		PRP		Primary Payer			
		SEP		Secondary Payer			
		TTP		Tertiary Payer			
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required	1
		Description: Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization.					

MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business a

<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>
		sole proprietor, otherwise '2' for Non-Person Entity.					
		Code Name					
		1 Person					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational	1
		Description: Individual last name or organizational name. Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name.					
		Industry: Benefit Related Entity Last or Organization Name					
NM104	1036	Name First	O	AN	1/25	Situational	1
		Description: Individual first name.					
		Industry: Benefit Related Entity First Name					
		MEDI-CAL NOTE: Possibly provider first name if NM102 is "1".					
NM105	1037	Name Middle	O	AN	1/25	Situational	1
		Description: Individual middle name or initial.					
		Industry: Benefit Related Entity Middle Name					
		MEDI-CAL NOTE: Possibly provider middle initial if NM102 is "1".					
NM107	1039	Name Suffix	O	AN	1/10	Situational	1
		Description: Suffix to individual name.					
		Industry: Benefit Related Entity Name Suffix					
		MEDI-CAL NOTE: Possibly provider suffix ('Sr', 'Jr', 'III') if NM102 is "1".					
NM108	66	Identification Code Qualifier	O	ID	1/2	Situational	1
		Description: Code designating the system/method of code structure used for Identification Code (67).					
		Code Name					
		24 Employer's Identification Number					
		34 Social Security Number					
		Description: The social security number may not be used for any Federally administered programs such as Medicare.					
		46 Electronic Transmitter Identification Number (ETIN)					
		Description: A unique number assigned to each transmitter and software developer.					
		FA Facility Identification					
		FI Federal Taxpayer's Identification Number					
		MI Member Identification Number					
		Description: Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ".					
		NI National Association of Insurance Commissioners (NAIC) Identification					

Code Name

- PI Payor Identification
- PP Pharmacy Processor Number
Description: Unique number assigned to each pharmacy for submitting claims.
- SV Service Provider Number
- XV Health Care Financing Administration National Payer Identification Number (PAYERID)
Description: Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. 540: Health Care Financing Administration National PlanID.
- 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.
- ZZ Mutually Defined
Description: The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

NM109	67	Identification Code	O	AN	2/80	Situational	1
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Description: Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108).

Industry: Benefit Related Entity Identifier

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

PER Administrative Communications Contact

Pos: 260	Max: 3
Detail - Optional	
Loop: 2120	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
 PER*IC*.....*TE*.....(Hex'0D')

MEDI-CAL NOTE:

This segment is used in the 2120 loop of the 2110 loop from the third occurrence of the 2100 (Subscriber) loop and can occur up to 3 times per 2120 loop.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	Contact Function Code	M	ID	2/2	Required	1
		Description: Code identifying the major duty or responsibility of the person or group named.					
		Code Name					
		IC				Information Contact	
PER02	93	Name	O	AN	1/60	Situational	1
		Description: Free-form name. This name is the individual's name or group's name used when contacting the individual or organization.					
		Industry: Benefit Related Entity Contact Name					
PER03	365	Communication Number Qualifier	O	ID	2/2	Situational	1
		Description: Code identifying the type of communication number.					
		Code Name					
		TE				Telephone	
PER04	364	Communication Number	O	AN	1/10	Situational	1
		Description: Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number.					
		Industry: Benefit Related Entity Communication Number					

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.

LE Loop Trailer

Pos: 270	Max: 1
Summary - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
LE*2120(Hex'0D')

MEDI-CAL NOTE:

This segment is used in the 2110 loop of 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>
LE01	447	Loop Identifier Code	M	AN	1/4	Required	1

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical.

MEDI-CAL NOTE: '2120', per the Implementation Guide.

SE Transaction Set Trailer

Pos: 280	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*.....*00000001(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	Number of Included Segments	M	N9	1/10	Required	1
		Description: A count of the number of segments included in the transaction set (inclusive of the ST and SE segments).					
		Industry: Transaction Segment Count					
SE02	329	Transaction Set Control Number	M	N9	4/9	Required	1
		Description: Identifying control number, assigned and maintained by the transaction set sender, and must match ST02.					
		MEDI-CAL NOTE: '0001'. This number must be identical to ST02.					

GE Functional Group Trailer

Pos: 290	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*00000001(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	Number of Transaction Sets Included	M	N1	1/1	Required	1
		Description: A count of the number of transaction sets included in the functional group.					
		MEDI-CAL NOTE: '1'.					
GE02	28	Group Control Number	M	N9	1/9	Required	1
		Description: Identifying control number, assigned and maintained by the functional group sender, and must match GS06.					
		MEDI-CAL NOTE: '1'. This number must be identical to GS06.					

IEA Interchange Control Trailer

Pos: 300	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*000000001(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	Number of Included Functional Groups	M	N1	1/1	Required	1
		Description: A count of the number of functional groups included in the interchange response.					
		MEDI-CAL NOTE: '2', because the HB-271 is included, and the TX-864 (Provider Mail) as well.					
IEA02	I12	Interchange Control Number	M	N9	9/9	Required	1
		Description: Identifying control number, assigned and maintained by the interchange response sender, and must match ISA13.					
		MEDI-CAL NOTE: '000000001'. This number must be identical to ISA13.					