



The Forum Companion Document

For use with ANSI ASC X12N
Health Care Eligibility Benefits Inquiry and Response
Implementation Guide

Health Care Eligibility Benefits Inquiry and Response (Batch) 270/271

ANSI ASC X12N 270/271 (004010X092A1)

‘Expanded Data Requirements’

*Version:
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System Interface Mapping

The following matrix identifies the recommended usage of the data elements when the 270/271 transaction is being interfaced with an information system. Where coded values for data elements are appropriate, codes are provided when the value set is small. Expanded codes for data elements can be found in the *ASC X12N Health Care Eligibility Benefits Inquiry and Response Implementation Guide*.

The columns for the matrix are:

- Page#: The page number from the Implementation Guide
- Name: Industry Name (from Implementation Guide) where available. If there is no industry name available, the standard name is used. Any aliases shown in the Implementation Guide are not always listed.
- Seg. Reqmt: (Segment Requirement): 'R' - Required, 'S' – Situational
- Pos#: Position Number (from Implementation Guide)
- Seg. ID: Segment ID (from Implementation Guide)
- Data Element Usage: A 'Not Used' in this column means that the Implementation Guide dictates this data field is not to be used.
- Data Element ID: (from Implementation Guide)
- Qualifier: A value appearing in this column will indicate that the value is the preferred value. (Only single values for a data element will appear in this column.)
- Qualifier Description: List of possible values. Values that are not meaningful to health plans will be designated with a strikethrough (e.g. ~~value~~). When and as appropriate, comments and conventions about usage will appear in this column.

The Implementation Guide identifies some data segments and data elements that are not used by a health plan in retrieving and reporting eligibility and benefits coverage. These data segments and data elements are highlighted in the System Interface Map section of this Companion Document so that providers and intermediaries will not waste time determining health plan specific requirements. These situations will be designated on the System Interface Map with one of the following notes:

- *'Not used by health plan'* - This note may be associated with situational data elements in the 270 Request transaction. If one of these data elements is submitted on the 270, the information entered into it must comply with the

Implementation Guide. However, the health plan will not use this data element to evaluate and present eligibility and benefits coverage.

- *'Not populated by health plan'* - This note may be associated with situational data elements in the 271 Response transaction. The health plan will not populate these data elements when presenting eligibility and benefits coverage.

NOTE: Health plans will return on the 271 all data elements that are required by HIPAA.

Description of the layout of the data

The data in the Implementation Guide is grouped in what it calls “segments”, “loops”, and “levels”. A “loop” is made up of one or more segments. A “level” is made up of one or more loops.

- Loop Headers are indicated in **Bold Letters**
- Major Segments within a Loop are indicated with CAPITAL LETTERS

A non-real example; a name and address would be made up of various segments of data. The name would be broken into first, middle, and last names along with suffix or prefix and some codes pertaining to the name. These fields would be organized into a segment. The address would go through a similar process and be organized into a separate segment. Together, these could be organized into a “loop”. However, there are many names and addresses needed throughout a system and the one just described in the loop is very generic.

Loop	ID:	2110C Subscriber Eligibility/Benefit Inquiry Information			99
130	EQ	Subscriber Eligibility/Benefit Inquiry Information	S		1
135	AMT	Subscriber Spend Down Amount	S		1
170	III	Subscriber Eligibility or Benefit Additional Inquiry Information	S		10
190	REF	Subscriber Additional Information	S		1
200	DTP	Subscriber Eligibility/Benefit Date	S		1
Loop	ID:	2000D Dependent			>1
010	HL	Dependent Level	R		1
020	TRN	Dependent Trace Number	S		2
Loop	ID:	2100D Dependent Name			1
030	NM1	Dependent Name	R		1
040	REF	Dependent Additional Identification	S		9
060	N3	Dependent Address	S		1
070	N4	Dependent City/State/Zip	S		1
090	PRV	Dependent Provider Information	S		1
100	DMG	Dependent Demographic Information	S		1
110	INS	Dependent Relationship	S		1
120	DTP	Dependent Date	S		1
Loop	ID:	2100D Dependent Eligibility/Benefit Inquiry Information			99
130	EQ	Dependent Eligibility/Benefit Inquiry Information	R		1
170	III	Dependent Eligibility or Benefit Additional Inquiry Information	S		10
190	REF	Dependent Additional Information	S		1
200	DTP	Dependent Eligibility/Benefit Date	S		4
210	ST	Transaction Set Header	R		1

GE	FUNCTIONAL GROUP TRAILER
IEA	INTERCHANGE CONTROL TRAILER

ENVELOPE - Open

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.3	Interchange Control Header			ISA				
B.3	Authorization Information Qualifier				R	ISA01	00	No Authorization Information Present
B.3	Authorization Information				R	ISA02		
B.4	Security Information Qualifier				R	ISA03	00	No Security Information Present
B.4	Security Information				R	ISA04		
B.4	Interchange ID Qualifier				R	ISA05	ZZ	Mutually Defined
B.4	Interchange Sender ID				R	ISA06		ID Code of Sender
B.4	Interchange ID Qualifier				R	ISA07	ZZ	Mutually Defined
B.5	Interchange Receiver ID				R	ISA08		ID Information Source Primary Identifier – FCHA = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
B.5	Interchange Date				R	ISA09		YYMMDD
B.5	Interchange Time				R	ISA10		HHMM
B.5	Interchange Control Standards Identifier				R	ISA11	U	U.S. EDI Community of ASC x12, TCDD, and UCS
B.5	Interchange Control Version Number				R	ISA12	00401	Draft Standards for Trial Use Approved for Publication by ASCx12 Procedures Board through October 1997
B.5	Interchange Control Number				R	ISA13		A control number assigned by the interchange sender
B.6	Acknowledgment Requested				R	ISA14	0	No acknowledgment requested
B.6	Usage Indicator				R	ISA15		P = Production Data T = Test Data
B.6	Component Element Separator				R	ISA16	:	This is the delimiter used to separate component data elements within a composite data structure
B.8	Functional Group Header			GS				
B.8	Functional Identifier Code				R	GS01	HS	HS – Eligibility, Coverage or Benefit Inquiry (270)
B.8	Application Sender's Code				R	GS02		Code identifying party sending transmission, codes agreed to by trading partners
B.8	Application Receiver's Code				R	GS03		ID Information Source Primary Identifier – FCHA = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
B.8	Date				R	GS04	CCYYMMDD	Creation Date
B.9	Time				R	GS05	HHMM	Creation Time
B.9	Group Control Number				R	GS06		Assigned number originated and maintained by the sender
B.9	Responsible Agency Code				R	GS07	X	X - Accredited Standards Committee X12
B.9	Version/Release/Industry Identifier Code				R	GS08	004010X092A1	

TABLE 1 - Header

Page #	Industry Name (When available. ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
36	Transaction Set Header	R	010	ST				
36	Transaction Set ID Code				R	ST01	270	
37	Transaction Set Control #				R	ST02		Assigned by requester
38	(1 of 1)	R	020	BHT				
38	Hierarchical Structure Code				R	BHT01	0022	Information Source, Information Receiver, Subscriber, Dependent
39	Transaction Set Purpose Code				R	BHT02	13	Request
39	Reference Identification				S	BHT03		Clearinghouse Trace Number
39	Date				R	BHT04	CCYYMMDD	Transaction Set Creation Date
40	Time				R	BHT05	HHMMSS	Transaction Set Creation Time
40	Transaction Type Code				S	BHT06		Not Used.

TABLE 1 – Detail

Page #	Industry Name (When available. ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
41	Loop ID: 2000A Information Source Level	R	010	HL				Health Plan
42	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
42	Hierarchical Parent ID Number				Not Used	HL02		Not Used
42	Hierarchical Level Code				R	HL03	20	Information Source
43	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
44	Loop ID: 2100A Information Source Name	R	030	NM1				
44	Entity Identifier Code				R	NM101		2B – Third-Party Administrator 36 – Employer GP – Gateway Provider P5 – Plan Sponsor PR – Payer
45	Entity Type Qualifier				R	NM102	2	1 – Person 2 - Non-Person Entity

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
45	Name Last or Organization Name				S	NM103		Information Source Last Name or Organization Name Note: Participating plans will specify the name by which they will be represented. I.e., <ul style="list-style-type: none"> • First Choice Health Administrators = FCHA • Group Health Cooperative = GHC • Premera Blue Cross = Premera • Regence Blue Shield = Regence • Asuris = Asuris NW Health
45	Name First		Not Used by Health Plans		S	NM104		Information Source First Name
45	Name Middle				S	NM105		Information Source Middle Name
45	Name Prefix				Not Used	NM106		Not Used
45	Name Suffix				S	NM107		Information Source Suffix Name
46	Identification Code Qualifier				R	NM108	PI	24 = Employer's Identification Number 46 = Electronic Transmitter Identification Number (ETIN) FI = Federal Taxpayer's Identification Number NI = National Association of Insurance Commissioners (NAIC) PI = Payer Identification XV = Health Care Financing Administration Number Plan ID (HIPAA) XX = Health Care Financing Administration National Provider Number
46	Identification Code				R	NM109		ID Information Source Primary Identifier – FCH = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
46	Entity Relationship Code				Not Used	NM110		Not Used
46	Entity Identifier Code				Not Used	NM111		Not Used
47	Loop ID: 2000B Information Receiver Level	R	010	HL				Provider
48	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
48	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate
48	Hierarchical Level Code				R	HL03	21	Information Receiver
49	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
50	Loop ID: 2100B Information Receiver Name	R	030	NM1				Provider

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
50	Entity Identifier Code				R	NM101		1P – Provider 2B – Third-Party Administrator 36 – Employer 80 – Hospital FA – Facility GP – Gateway Provider P5 – Plan Sponsor PR – Payer
51	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity
51	Name Last or Organization Name				S	NM103		Information Source Last Name or Organization Name
51	Name First				S	NM104		Information Source First Name
51	Name Middle				S	NM105		Information Source Middle Name
51	Name Prefix				Not Used	NM106		
51	Name Suffix				S	NM107		
52	Identification Code Qualifier				R	NM108		24 – Employer’s Identification Number 34 – Social Security Number FI – Federal Tax ID Number PI – Payer Identification PP – Pharmacy Processor Number SV – Service Provider Number XV – Health Care Financing Administration National Plan ID XX – National Provider ID
52	Identification Code				R	NM109		Information Receiver Primary Identifier
52	Entity Relationship Code				Not Used	NM110		Not Used
53	Entity Identifier Code				Not Used	NM111		Not Used
54	Information Receiver Additional Identification	S	040	REF				
54	Reference Identification Qualifier				R	REF01		0B – State License Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1J – Facility ID Number 4A – Personal Identification Number PIN CT – Contract Number EL – Electronic device pin number EO – Submitter Identification Number HPI – Health Care Financing Administration National Provider ID JD – User Identification N5 – Provider Plan Network Identification Number N7 – Facility Network Identification Number Q4 – Prior Identifier Number SY – Social Security Number TJ – Federal Taxpayer’s Identification Number
56	Reference Identification				R	REF02		Information Receiver Additional Identifier
56	License Number State Code				S	REF03		Required if REF02 is State Lic. #.

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
56	Reference Identification				Not Used	REF04		Not Used
57	Information Receiver Address	S	060	N3				
57	Address Information		Not Used by Health Plans		R	N301		Information Receiver Address Line
57	Address Information				S	N302		Address Line 2
58	Information Receiver City/State/Zip	S	070	N4				
58	City Name		Not Used by Health Plans		R	N401		Information Receiver City Name
59	State Code				R	N402		Information Receiver State
59	Postal Code				R	N403		Information Receiver Zip
59	County Code				S	N404		Information Receiver Country
59	Location Qualifier				Not Used	N405		Not Used
59	Location Identifier				Not Used	N406		Not Used
60	Information Receiver Contact Info	S	080	PER				
61	Contact Function Code		Not Used by Health Plans		R	PER01	1C	IC - Information Contact
61	Name				S	PER02		Information Receiver Contact Name
61	Communication Number Qualifier				S	PER03		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone
62	Communication Number				S	PER04		Information Receiver Communication Number
62	Communication Number Qualifier				S	PER05		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone
62	Communication Number				S	PER06		Information Receiver Communication Number
62	Communication Number Qualifier				S	PER07		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone
63	Communication Number				S	PER08		Information Receiver Communication Number
63	Contact Inquiry Reference				Not Used	PER09		Not Used
64	Information Receiver Provider Information	S	090	PRV				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
64	Provider Code		Not used by Health Plans		R	PRV01		Code Identifying the type of provider AD – Admitting AT – Attending BI – Billing CO – Consulting CV – Covering H – Hospital HH – Home Health Care LA – Laboratory OT – Other Physician P1 – Pharmacist P2 – Pharmacy PC – Primary Care Physician PE – Performing R – Rural Health Clinic RF – Referring SB – Submitting SK – Skilled Nursing Facility SU – Supervising
65	Reference Identification Qualifier				R	PRV02	ZZ	If the National Provider ID is mandated for use, code value HPI must be used, otherwise one other code values may be used. ZZ is used to indicate the Health Care Provider Taxonomy code list (provider specialty code). ZZ – Mutually Defined
65	Reference Identification				R	PRV03		Receiver Provider Specialty Code
65	State or Province Code				Not Used	PRV04		Not Used
65	Provider Specialty Information				Not Used	PRV05		Not Used
65	Provider Organization Code				Not Used	PRV06		Not Used
66	Loop ID: 2000C Subscriber Level	R	010	HL				
67	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
68	Hierarchical Parent ID Number				R	HL02		Use this code to identify the specific hierarchical level to which this level is subordinate.
68	Hierarchical Level Code				R	HL03	22	Subscriber
68	Hierarchical Child Code				R	HL04		0 – No Subordinate HL Segment in this Hierarchical Structure 1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
69	Subscriber Trace Number	S	020	TRN				
69	Trace Type Code		Not Used by Health Plans		R	TRN01	1	1 - Current Transaction Trace Numbers
70	Reference Identification				R	TRN02		Trace Number
70	Originating Company Identifier				R	TRN03		Originating Company Identifier The first position must be 1 if an EIN is used, 3 if a DUNS is used or a 9 if a user assigned identifier is used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
70	Reference Identification				S	TRN04		Trace Assigning Entity Additional ID. Use this information if necessary to further identify a specific component of the company identified in TRN03
71	Loop ID: 2100C Subscriber Name	R	030	NM1				
71	Entity Identifier Code				R	NM101	IL	IL - Insured or Subscriber
72	Entity Type Qualifier				R	NM102	1	1 - Person
72	Name Last or Organization Name				S	NM103		Subscriber Last Name
72	Name First				S	NM104		Subscriber First Name
72	Name Middle				S	NM105		Subscriber Middle Name
72	Name Prefix				Not Used	NM106		Not used
72	Name Suffix				S	NM107		Subscriber Suffix Name
73	Identification Code Qualifier				S	NM108	MI	MI - Member Identification Number ZZ - Mutually Defined (HIPAA Individual Identifier)
73	Identification Code				S	NM109		Subscriber Primary Identifier
73	Entity Relationship Code				Not Used	NM110		Not Used
73	Identification Code				Not Used	NM111		Not Used
74	Subscriber Additional Identification	S	040	REF				
75	Reference Identification Qualifier				R	REF01		18 - Plan Number 1L - Group or Policy Number 1W - Member ID Number 49 - Family Unit Number 6P - Group Number A6 - Employee ID Number CT - Contract Number EA - Medical Record Number EJ - Patient Account Number (Must return if submitted on request.) F6 - Health Insurance Claim (HIC) Number GH - Identification Care Serial Number HJ - Identity Card Number IG - Insurance Policy Number N6 - Plan Network ID Number NQ - Medicaid Recipient ID Number SY - Social Security Number
76	Reference Identification				R	REF02		Subscriber Supplemental Identifier
76	Description				Not Used	REF03		Not Used
76	Reference Identification				Not Used	REF04		Not Used
77	Subscriber Address	S	060	N3				
77	Address Information			Not Used by Health Plans	R	N301		Subscriber Address Line

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
77	Address Information				S	N302		Address Line 2
78	Subscriber City/State/Zip	S	070 N4 Not Used by Health Plans					
79	City Name				S	N401		Subscriber City Name
79	State Code				S	N402		Subscriber State
79	Postal Code				S	N403		Subscriber Zip
79	Country Code				S	N404		Subscriber Country
79	Location Qualifier				Not Used	N405		Not used
79	Location Identifier				Not Used	N406		Not used
80	Provider Information	S	090	PRV				
81	Provider Code		Not Used by Health Plans		R	PRV01		Code Identifying the type of provider AD – Admitting AT – Attending BI – Billing CO – Consulting CV – Covering H – Hospital HH – Home Health Care LA – Laboratory OT – Other Physician P1 – Pharmacist P2 – Pharmacy PC – Primary Care Physician PE – Performing R – Rural Health Clinic RF – Referring SB – Submitting SK – Skilled Nursing Facility SU – Supervising
82	Reference Identification Qualifier				R	PRV02		Code to identify the specific provider 9K – Service D3 – National Association of Boards of Pharmacy Number EI – Employer’s Identification Number HPI – National Provider ID (NPI) SY – SSN TJ – Federal Tax ID Number ZZ – Mutually Defined
82	Reference Identification				R	PRV03		Provider Identifier
82	State or Province Code				Not Used	PRV04		
82	Provider Specialty Information				Not Used	PRV05		
82	Provider Organization Code				Not Used	PRV06		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
83	Subscriber Demographic Information	S	100	DMG				
83	Date Time Period Format Qualifier				S	DMG01	D8	D8 – Date Expressed in Format CCYYMMDD
83	Date Time Period				S	DMG02		Subscriber Birth Date
83	Gender Code				S	DMG03		F – Female M – Male
83	Marital Status Code				Not Used	DMG04		
83	Race or Ethnicity Code				Not Used	DMG05		
83	Citizenship Status Code				Not Used	DMG06		
83	Country Code				Not Used	DMG07		
83	Basis of Verification Code				Not Used	DMG08		
83	Quantity				Not Used	DMG09		
85	Subscriber Relationship	S	110	INS				
86	Yes/No Condition				R	INS01	Y	Insured Indicator. A value of Y indicates the insured is a subscriber
86	Individual Relationship Code				R	INS02	18	Self
86	Maintenance Type Code				Not Used	INS03		
86	Maintenance Reason Code				Not Used	INS04		
86	Benefit Status Code				Not Used	INS05		
86	Medicare Plan Code				Not Used	INS06		
86	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying				Not Used	INS07		
86	Employment Status Code				Not Used	INS08		
86	Student Status Code				Not Used	INS09		
86	Yes/No Condition or Response Code				Not Used	INS10		
86	Date Time Period Format Qualifier				Not Used	INS11		
86	Date Time Period				Not Used	INS12		
86	Confidentiality Code				Not Used	INS13		
86	City Name				Not Used	INS14		
86	State or Province Code				Not Used	INS15		
86	Country Code				Not Used	INS16		
86	Number				R	INS17		Birth Sequence Number – Use to indicate the birth order in the event of multiple birth’s in association with the birth date supplied in DMG02.
87	Subscriber Date	S	120	DTP				
88	Date Time Qualifier				R	DTP01	472	102 – Issue 307 – Eligibility 435 – Admission 472 – Service – will use as default
88	Date Time Period Format Qualifier				R	DTP02	D8	D8 – CCYYMMDD RD8 – CCYYMMDD CCYYMMDD
88	Date Time Period				R	DTP03		Date

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
89	Loop ID: 2110C Subscriber Eligibility or Benefit Inquiry Information	S	130	EQ				
90	Service Type Code		Not Used by Health Plans		S	EQ01	30	Generic Request is 30. Other values 1-99, A1-AZ, B1-BS
95	Composite Medical Procedure Identifier				S	EQ02		Used if EQ01 is not sent.
95	Product/Service ID Qualifier				R	EQ02-1		AD – American Dental Association Codes CJ – CPT Codes HC – HCPCS Codes ID – ICD9-CM IV – Home Infusion EDI Coalition Product/Service Code ND – NDC <i>N4 – National Drug Code in 5-4-2 format</i> ZZ – Mutually Defined – Not Advised
96	Product/Service ID				R	EQ02-2		Procedure Code
96	Procedure Modifier				S	EQ02-3		Procedure Modifier
96	Procedure Modifier				S	EQ02-4		Procedure Modifier
96	Procedure Modifier				S	EQ02-5		Procedure Modifier
96	Procedure Modifier				S	EQ02-6		Procedure Modifier
96	Description				Not Used	EQ02-7		
97	Coverage Level Code				S	EQ03		Benefit Coverage Level Code CHD – Children Only DEP – Dependent Only ECH – Employees and Children EMP – Employee Only ESP – Employee and Spouse FAM – Family IND – Individual SPC – Spouse and Children SPO – Spouse Only

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
97	Insurance Type Code				S	EQ04		Code to identify the specific type of insurance the inquiry applies to. Do not use if the insurance type can be determined by the person's identifier. AP – Auto Insurance Policy C1 – Commercial CO – COBRA GP – Group Policy HM – HMO HN – HMO – Medicare Risk IP – Individual Policy MA – Medicare Part A MB – Medicare Part B MC – Medicaid PR – PPO PS – POS SP – Supplemental Policy WC – Workers Compensation
99	Subscriber Spend Down Amount	S	135					
99	Amount Qualifier Code		Not used by Health Plans			AMT01	R	R – Spend Down
100	Monetary Amount					AMT02		Spend Down Amount
100	Credit/Debit Flag Code				Not Used	AMT03		Not Used
101	Subscriber Eligibility or Benefit Additional Inquiry Information	S	170					
102	Code List Qualifier Code		Not used by Health Plans		R	III01		BF – Diagnosis BK – Principal Diagnosis ZZ – Mutually Defined
103	Industry Code				R	III02		If BF or BK are used in III01, you must provide a Place of Service Code. In NSF Place of Service Codes 11-99 (Example: 11 = Office, 21 = Inpatient Hospital)
103	Code Category				Not Used	III03		Not Used
103	Free-Form Message Text				Not Used	III04		Not Used
103	Quantity				Not Used	III05		Not Used
103	Composite Unite of Measure				Not Used	III06		Not Used
103	Surface/Layer/Position Code				Not Used	III07		Not Used
103	Surface/Layer/Position Code				Not Used	III08		Not Used
103	Surface/Layer/Position Code				Not Used	III09		Not Used
104	Subscriber Additional Information	S			190			

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
104	Reference Identification Qualifier		Not used by Health Plans			REF01		9F – Referral Number G1 – Prior Authorization Number
105	Reference Identification					REF02		Referral or Prior Authorization Number
105	Description				Not Used	REF03		Not Used
105	Reference Identifier				Not Used	REF04		Not Used
106	Subscriber Eligibility/Benefit Date	S	200	DTP				
106	Date/Time Qualifier		Not used by Health Plans		R	DTP01		307 – Eligibility 435 – Admission 472 – Service
107	Date/Time Format Qualifier				R	DTP02		D8 – CCYYMMDD RD8 – CCYYMMDD – CCYYMMDD
107	Date Time Period				R	DTP03		Date
108	Loop ID: 2000D Dependent Level	S	010	HL				
110	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
110	Hierarchical Parent ID Number				R	HL02		Use this code to identify the specific hierarchical level to which this level is subordinate
111	Hierarchical Level Code				R	HL03	23	23 - Dependent
111	Hierarchical Child Code				R	HL04	0	No Subordinate HL Segment in this Hierarchical Structure
112	Dependent Trace Number	S	020	TRN				
112	Trace Type Code				R	TRN01	1	1 - Current Transaction Trace Numbers
113	Reference Identification				R	TRN02		Trace Number
113	Originating Company Identifier				R	TRN03		Originating Company Identifier – The first position must be 1 if an EIN is used, 3 if a DUNS is used or a 9 if a user assigned identifier is used
113	Reference Identification				S	TRN04		Use this information if necessary to further identify a specific component of the company identified in TRN03
114	Loop ID: 2100D Dependent Name	R	030	NM1				
114	Entity Identifier Code				R	NM101	03	03 - Dependent
115	Entity Type Qualifier				R	NM102	1	1 – Person
115	Name Last or Organization Name				S	NM103		Dependent Last Name
115	Name First				S	NM104		Dependent First Name
115	Name Middle				S	NM105		Dependent Middle Name
115	Name Prefix				Not Used	NM106		Not Used
115	Name Suffix				S	NM107		Dependent Suffix Name
115	Identification Code Qualifier				Not Used	NM108		Not Used
115	Identification Code				Not Used	NM109		Not Used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
115	Entity Relationship Code				Not Used	NM110		Not Used
115	Entity Identifier Code				Not Used	NM111		Not Used
116	Dependent Additional Identification	S	040	REF				
116	Reference Identification Qualifier				R	REF01		18 – Plan Number 1L – Group or Policy Number 6P – Group Number A6 – Employee ID Number CT – Contract Number EA – Medical Record ID Number EJ – Patient Account Number F6 – Health Insurance Claim (HIC) Number GH – Identification Card Serial Number HJ – Identity Card Number IF – Issue Number IG – Insurance Policy Number N6 – Plan Network ID Number SY – Social Security Number
117	Reference Identification				R	REF02		Dependent Supplemental Identifier
117	Description				Not Used	REF03		Not Used
117	Reference Identifier				Not Used	REF04		Not Used
118	Dependent Address	S	060	N3				
118	Address Information		Not Used by Health Plan		R	N301		Dependent Address Line
118	Address Information				S	N302		Address Line 2
119	Dependent City/State/Zip	S	070	N4				
119	City Name		Not Used by Health Plan		S	N401		Dependent City Name
120	State Code				S	N402		Dependent State
120	Postal Code				S	N403		Dependent Zip
120	Country Code				S	N404		Subscriber Country
120	Location Qualifier				Not Used	N405		Not Used
120	Location Identifier				Not Used	N406		Not Used
121	Provider Information	S	090	PRV				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
122	Provider Code		Not used by Health Plans		R	PRV01		Code Identifying the type of provider AD – Admitting AT – Attending BI – Billing CO – Consulting CV – Covering H – Hospital HH – Home Health Care LA – Laboratory OT – Other Physician P1 – Pharmacist P2 – Pharmacy PC – Primary Care Physician PE – Performing R – Rural Health Clinic RF – Referring SB – Submitting SK – Skilled Nursing Facility SU – Supervising
123	Reference Identification Qualifier				R	PRV02		Code to identify the specific provider 9K – Servicer D3 – National Association of Boards of Pharmacy Number EI – Employer’s Identification Number HPI – National Provider ID (NPI) SY – SSN TJ – Federal Tax ID Number ZZ – Mutually Defined
123	Reference Identification				R	PRV03		Provider Identifier
123	State or Province Code				Not Used	PRV04		Not Used
123	Provider Specialty Information				Not Used	PRV05		Not Used
123	Provider Organization Code				Not Used	PRV06		Not Used
124	Dependent Demographic Information	S	100	DMG				
125	Date Time Period Format Qualifier				S	DMG01	D8	D8 – Date Expressed in Format CCYYMMDD
125	Date Time Period				S	DMG02		Dependent Birth Date
125	Gender Code				S	DMG03		F – Female M – Male
125	Marital Status Code				Not Used	DMG04		Not Used
125	Race or Ethnicity Code				Not Used	DMG05		Not Used
125	Citizenship Status Code				Not Used	DMG06		Not Used
125	Country Code				Not Used	DMG07		Not Used
125	Basis of Verification Code				Not Used	DMG08		Not Used
125	Quantity				Not Used	DMG09		Not Used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
126	Dependent Relationship	S	110	INS				
127	Yes/No Condition		Not Used by Health Plan		R	INS01	N	Insured Indicator. A value of N indicates the insured is a dependent
127	Individual Relationship Code				R	INS02		01 – Spouse 19 – Child 34 – Other Adult
127	Maintenance Type Code				Not Used	INS03		Not Used
127	Maintenance Reason Code				Not Used	INS04		Not Used
127	Benefit Status Code				Not Used	INS05		Not Used
127	Medicare Plan Code				Not Used	INS06		Not Used
127	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying				Not Used	INS07		Not Used
127	Employment Status Code			Not Used	INS08		Not Used	
127	Student Status Code			Not Used	INS09		Not Used	
127	Yes/No Condition or Response Code			Not Used	INS10		Not Used	
127	Date Time Period Format Qualifier			Not Used	INS11		Not Used	
127	Date Time Period			Not Used	INS12		Not Used	
127	Confidentiality Code			Not Used	INS13		Not Used	
128	City Name			Not Used	INS14		Not Used	
128	State or Province Code			Not Used	INS15		Not Used	
128	Country Code			Not Used	INS16		Not Used	
128	Number			S	INS17		Birth Sequence Number	
129	Dependent Date	S	120	DTP				
130	Date/Time Qualifier				R	DTP01	472	102 – Issue 307 – Eligibility 435 – Admission 472 – Service
130	Date Time Period Format Qualifier				R	DTP02	D8	D8 – CCYYMMDD RD8 – CCYYMMDD CCYYMMDD
130	Date Time Period				R	DTP03		Date
131	Loop ID: 2110D Dependent Eligibility or Benefit Inquiry	R	130	EQ				
132	Service Type Code		Not used by Health Plan		S	EQ01		Generic Request is 30. Other values 1-99, A1-AZ, B1-BS
137	Composite Medical Procedure Identifier				S	EQ02		Used if EQ01 is not sent.
137	Product/Service ID Qualifier				R	EQ02-1		AD – American Dental Association Codes CJ – CPT Codes HC – HCPCS Codes ID – ICD9-CM IV – Home Infusion EDI Coalition Product/Service Code ND – NDC N4 – National Drug Code in 5-4-2 format ZZ – Mutually Defined – Not Advised
138	Product/Service ID				R	EQ02-2		Procedure Code

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
138	Procedure Modifier		Not used by Health Plan	III	S	EQ02-3		Procedure Modifier
138	Procedure Modifier				S	EQ02-4		Procedure Modifier
138	Procedure Modifier				S	EQ02-5		Procedure Modifier
138	Procedure Modifier				S	EQ02-6		Procedure Modifier
138	Description				Not Used	EQ02-7		Not Used
139	Coverage Level Code				S	EQ03		Benefit Coverage Level Code CHD – Children Only DEP – Dependent Only ECH – Employees and Children EMP – Employee Only ESP – Employee and Spouse FAM – Family IND – Individual SPC – Spouse and Children SPO – Spouse Only
139	Insurance Type Code				S	EQ04		Code to identify the specific type of insurance the inquiry applies to. Do not use if the insurance type can be determined by the person's identifier. AP – Auto Insurance Policy CI – Commercial CO – COBRA GP – Group Policy HM – HMO HN – HMO – Medicare Risk IP – Individual Policy MA – Medicare Part A MB – Medicare Part B MC – Medicaid PR – PPO PS – POS SP – Supplemental Policy WC – Workers Compensation
140	Dependent Eligibility or Benefit Additional Inquiry Information	S	170	III				
141	Code List Qualifier Code		Not Used by Health Plans	III	R	III01		BF – Diagnosis BK – Principal Diagnosis ZZ – Mutually Defined
142	Industry Code				R	III02		If BF or BK are used in III01, you must provide a Place of Service Code – NSF POS Codes 11-99 (Example: 11 = Office, 21 = Inpatient Hospital)
142	Code Category				Not Used	III03		Not Used
142	Free-Form Message Text		Not Used	III04		Not Used		
142	Quantity		Not Used	III05		Not Used		
142	Composite Unit of Measure		Not Used	III06		Not Used		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
142	Surface/Layer/Position Code				Not Used	III07		Not Used
142	Surface/Layer/Position Code				Not Used	III08		Not Used
142	Surface/Layer/Position Code				Not Used	III09		Not Used
143	Dependent Additional Information	S	190	REF				
143	Reference Identification Qualifier		Not Used by Health Plans		R	REF01		9F – Referral Number G1 – Prior Authorization Number
144	Reference Identification				R	REF02		Referral or Prior Authorization Number
144	Description				Not Used	REF03		Not Used
144	Reference Identifier				Not Used	REF04		Not Used
145	Dependent Eligibility/Benefit Date	S	200	DTP				
145	Date/Time Qualifier				R	DTP01		307 – Eligibility 435 – Admission 472 – Service
146	Date/Time Period Format Qualifier				R	DTP02		D8 – CCYYMMDD RD8 – CCYYMMDD – CCYYMMDD
146	Date Time Period				R	DTP03		Date
147	Transaction Set Trailer	R	210	SE				
147	Number of Included Segments				R	SE01		Transaction Segment Count
147	Transaction Set Control Number				R	SE02		Transaction Set Control Number

ENVELOPE – Close

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.10	Functional Group Trailer			GE				
B.10	Number of Transaction Sets Included				R	GE01		Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element
B.10	Group Control Number				R	GE02		Assigned number originated and maintained by the sender
B.7	Interchange Control Trailer			IEA				
B.7	Number of Included Functional Groups				R	IEA01		A count of the number of functional groups included in an interchange
B.7	Interchange Control Number				R	IEA02		Interchange Control Number

ISA	INTERCHANGE CONTROL HEADER
GS	ASSIGNED NUMBER

TABLE 1 – Header

Pos	Seg	Name	Required	Max Use	Loop Repeat
010	ST	Transaction Set Header	R	1	
020	BHT	Beginning of Hierarchical Transaction	R	1	

TABLE 2 – Detail

Loop	ID:	Name	Required	Max Use	Loop Repeat
	2000A Information Source				>1
010	HL	Information Source	R	1	
025	AAA	Request Validation	S	9	
	2100A Information Source Name				1
030	NM1	Information Source Name	R	1	
085	AAA	Request Validation	S	9	
	2000B Information Receiver				>1
010	HL	Information Receiver	R	1	
	2100B Information Receiver Name				1
030	NM1	Information Receiver Name	R	1	
040	REF	Information Receiver Additional Identification	S	9	
085	AAA	Information Receiver Request Validation	S	9	
	2000C Subscriber				>1
010	HL	Subscriber Level	R	1	
020	TRN	Subscriber Trace Number	S	2	
	2100C Subscriber Name				1
030	NM1	Subscriber Name	R	1	
040	REF	Subscriber Additional Identification	S	9	
060	N3	Subscriber Address	S	1	
070	N4	Subscriber City/State/Zip	S	1	
080	PER	Subscriber Contact Information	S	3	
085	AAA	Subscriber Request Validation	S	9	
100	DMG	Subscriber Demographic Information	S	1	
110	INS	Subscriber Relationship	S	1	
120	DTP	Subscriber Date	S	9	

Loop	ID:	2110C Subscriber Eligibility/Benefit Inquiry Information			>1
130	EB	Subscriber Eligibility/Benefit Information	S	1	
135	HSD	Subscriber Health Care Services Delivery	S	9	
140	REF	Subscriber Additional Identification	S	9	
150	DTP	Subscriber Eligibility/Benefit Date	S	20	
160	AAA	Subscriber Request Validation	S	9	
250	MSG	Message Text	S	10	
Loop	ID:	2115C Subscriber Eligibility or Benefit Additional Information			10
260	III	Subscriber Eligibility or Benefit Additional Information	S	1	
330	LS	Loop Header	S	1	
Loop	ID:	2120C Subscriber Benefit Related Entity Name			1
340	NM1	Subscriber Benefit Related Entity Name	S	1	
360	N3	Subscriber Benefit Related Entity Address	S	1	
370	N4	Subscriber Benefit Related City/State/Zip	S	1	
380	PER	Subscriber Benefit Related Entity Contact Info	S	3	
390	PRV	Subscriber Benefit Related Provider Information	S	1	
400	LE	Loop Trailer	S	1	
Loop	ID:	2000D Dependent			>1
010	HL	Dependent Level	R	1	
020	TRN	Dependent Trace Number	S	2	
Loop	ID:	2100D Dependent Name			1
030	NM1	Dependent Name	R	1	
040	REF	Dependent Additional Identification	S	9	
060	N3	Dependent Address	S	1	
070	N4	Dependent City/State/Zip	S	1	
080	PER	Dependent Contact Information	S	3	
085	AAA	Dependent Request Validation	S	9	
100	DMG	Dependent Demographic Information	S	1	
110	INS	Dependent Relationship	S	1	
120	DTP	Dependent Date	S	1	
Loop	ID:	2110D Dependent Eligibility/Benefit Inquiry Information			99
130	EB	Dependent Eligibility/Benefit Information	S	1	
135	HSD	Dependent Health Care Services Delivery	S	9	
140	REF	Dependent Additional Identification	S	9	
150	DTP	Dependent Eligibility/Benefit Date	S	20	
160	AAA	Dependent Request Validation	S	9	

250	MSG	Message Text	S	10		
Loop ID:		2115D Dependent Eligibility or Benefit Additional Information				10
260	III	Dependent Eligibility or Benefit Additional Information	S	1		
330	LS	Loop Header	S	1		
Loop ID:		2120D Dependent Benefit Related Entity Name				1
340	NM1	Dependent Benefit Related Entity Name	S	1		
360	N3	Dependent Benefit Related Entity Address	S	1		
370	N4	Dependent Benefit Related City/State/Zip	S	1		
380	PER	Dependent Benefit Related Entity Contact Info	S	3		
390	PRV	Dependent Benefit Related Provider Information	S	1		
400	LE	Loop Trailer	S	1		

GE	FUNCTIONAL GROUP TRAILER					
IEA	INTERCHANGE CONTROL TRAILER					

ENVELOPE – Open

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.3	Interchange Control Header			ISA				
B.3	Authorization Information Qualifier				R	ISA01	00	No Authorization Information Present
B.3	Authorization Information				R	ISA02		
B.4	Security Information Qualifier				R	ISA03	00	No Security Information Present
B.4	Security Information				R	ISA04		
B.4	Interchange ID Qualifier				R	ISA05	ZZ	Mutually Defined
B.4	Interchange Sender ID				R	ISA06		ID Code of Sender FCHA = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
B.4	Interchange ID Qualifier				R	ISA07	ZZ	Mutually Defined
B.5	Interchange Receiver ID				R	ISA08		ID Information Source Primary Identifier –
B.5	Interchange Date				R	ISA09		YYMMDD
B.5	Interchange Time				R	ISA10		HHMM
B.5	Interchange Control Standards Identifier				R	ISA11	U	U.S. EDI Community of ASC x12, TCDD, and UCS
B.5	Interchange Control Version Number				R	ISA12	00401	Draft Standards for Trial Use Approved for Publication by ASCx12 Procedures Board through October 1997
B.5	Interchange Control Number				R	ISA13		A control number assigned by the interchange sender
B.6	Acknowledgment Requested				R	ISA14	0	No acknowledgment requested
B.6	Usage Indicator				R	ISA15		P = Production Data T = Test Data
B.6	Component Element Separator				R	ISA16	:	This is the delimiter used to separate component data elements within a composite data structure
B.8	Functional Group Header			GS				
B.8	Functional Identifier Code				R	GS01	HB	HB – Eligibility, Coverage or Benefit Information (271)
B.8	Application Sender's Code				R	GS02		Code identifying party sending transmission, codes agreed to by trading partners FCHA = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
B.8	Application Receiver's Code				R	GS03		ID Information Source Primary Identifier –
B.8	Date				R	GS04		CCYYMMDD
B.9	Time				R	GS05		HHMM
B.9	Group Control Number				R	GS06		Assigned number originated and maintained by the sender
B.9	Responsible Agency Code				R	GS07	X	X – Accredited Standards Committee X12
B.9	Version/Release/Industry Identifier Code				R	GS08	004010X092A1	Draft Standards Approved for Publication by ASCx12 Procedures Review Board through October 1997, as published in the Health Care Eligibility Benefit Inquiry and Response Implementation Guide approved for publication by ASCx12 N, May 1999.

TABLE 1 – Header

Page #	Industry Name (When available. ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
154	Transaction Set Header	R	010	ST				
154	Transaction Set ID Code				R	ST01	271	Eligibility, Coverage or Benefit Information
155	Transaction Set Control #				R	ST02		
156	(1 of 1)	R	020	BHT				
156	Hierarchical Structure Code				R	BHT01	0022	Information Source, Information Receiver, Subscriber, Dependent
157	Transaction Set Purpose Code				R	BHT02	11	Response
157	Reference Identification				S	BHT03		Clearinghouse Trace Number
157	Date				R	BHT04	CCYYMMDD	Transaction Set Creation Date
157	Time				R	BHT05	HHMMSS	Transaction Set Creation Time
157	Transaction Type Code				Not Used	BHT06		

TABLE 2 – Detail

Page #	Industry Name (When available. ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
158	Loop ID: 2000A Information Source Level	R	010	HL				
159	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
159	Hierarchical Parent ID Number				Not Used	HL02		
159	Hierarchical Level Code				R	HL03	20	Information Source
159	Hierarchical Child Code				R	HL04		Additional Subordinate HL Data Segment in this Hierarchical Structure 0 – AAA follows 1 - Additional HL follows
160	Request Validation	S	025	AAA				Use this segment when a request could not be processed at a system or application level,
160	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
161	Agency Qualifier Code				Not Used	AAA02		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
161	Reject Reason Code				R	AAA03		04 – Authorized Quantity Exceeded (not used for real time) 41 – Authorization/Access Restrictions (used for intermediary. I know who you are but you are not authorized to access system) 42 – Unable to Respond at Current Time (used for system unavailable) 79 – Invalid Participant Identification (used for invalid ID)
161	Follow-up Action Code				R	AAA04		C – Please Correct and Resubmit N – Resubmission Not Allowed (if 41 in AAA03) P – Please Resubmit Original Transaction R – Resubmission Allowed (if 42 in AAA03) S – Do not resubmit; inquiry initiated to a third party Y – Do not resubmit; we will hold your request and respond again shortly
163	Loop ID: 2100A Information Source Name	R	030	NM1				
163	Entity Identifier Code				R	NM101		2B – Third-Party Administrator 36 – Employer GP – Gateway Provider P5 – Plan Sponsor PR – Payer
164	Entity Type Qualifier				R	NM102	2	1 – Person 2 – Non-Person Entity
164	Name Last or Organization Name				S	NM103		Information Source Last Name or Organization Name Note: Participating plans will specify the name by which they will be represented. I.e., <ul style="list-style-type: none"> • First Choice Health Administrators = FCHA • Group Health Cooperative = GHC • Premera Blue Cross = Premera • Regence Blue Shield = Regence • Asuris = Asuris NW Health
164	Name First		Not Populated by Health Plans			NM104		
164	Name Middle					NM105		
164	Name Prefix					NM106		
164	Name Suffix					NM107		
165	Identification Code Qualifier				R	NM108	PI	24 – Employer's Identification Number 46 – Electronic Transmitter ID Number (ETIN) FI – Federal Tax ID Number NI – National Association of Insurance Commissioners ID (NAIC) PI – Payer Identification XV – Health Care Financing Administration National Plan ID XX – National Provider ID

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
165	Identification Code				R	NM109		ID Information Source Primary Identifier – FCHA = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer
165	Entity Relationship Code				Not Used	NM110		Not Used
165	Entity Identifier Code				Not Used	NM111		Not Used
166	Information Source Additional Identification	S						
166	Reference Identification Qualifier		Not Populated by Health Plans		S	REF01		18 – Plan Number 55 – Sequence Number
167	Reference Identification				S	REF02		
167	Plan Name				S	REF03		
167	Reference Identifier				S	REF04		
168	Information Source Contact Information	S	080					
169	Contact Function Code				R	PER01	IC	IC – Information Contact
169	Information Source Contact Name				S	PER02		
169	Communication Number Qualifier				S	PER03		ED – EDI Access Number EM – Electronic Mail FX – Facsimile TE - Telephone
170	Communication Number				S	PER04		
170	Communication Number Qualifier				S	PER05		ED – EDI Access Number EM – Electronic Mail FX – Facsimile TE - Telephone
170	Communication Number				S	PER06		
170	Communication Number Qualifier				S	PER07		ED – EDI Access Number EM – Electronic Mail FX – Facsimile TE - Telephone
171	Communication Number				S	PER08		
171	Contact Inquiry Reference				Not Used	PER09		
172	Request Validation	S	085	AAA				
173	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
173	Agency Qualifier Code				Not Used	AAA02		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
173	Reject Reason Code				R	AAA03		04 – Authorized Quantity Exceeded 41 – Authorization/Access Restrictions 42 – Unable to Respond at Current Time 79 – Invalid Participant Identification 80 – No Response Received – Transaction Terminated T4 – Payer Name or Identifier Missing
174	Follow-up Action Code				R	AAA04	C	C – Please Correct and Resubmit N – Resubmission Not Allowed P – Please Resubmit Original Transaction R – Resubmission Allowed S – Do not resubmit, inquiry initiated to a third party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y – Do Not Resubmit. We will hold your request and respond again shortly.
175	Loop ID: 2000B Information Receiver Level	S	010	HL				
176	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
176	Hierarchical Parent ID Number				R	HL02		Use this ID number to identify the specific hierarchical level to which this level is subordinate
176	Hierarchical Level Code				R	HL03	21	Information Receiver
177	Hierarchical Child Code				R	HL04		Additional Subordinate HL Data Segment in this Hierarchical Structure 0 = AAA follows 1 = HL follows
178	Loop ID: 2100B Information Receiver Name	R	030	NM1				
178	Entity Identifier Code				R	NM101		1P – Provider 2B – Third-Party Administrator 36 – Employer 80 – Hospital FA – Facility GP – Gateway Provider P5 – Plan Sponsor PR – Payer
179	Entity Type Qualifier				R	NM102		1 – Person 2 – Non-Person Entity
179	Name Last or Organization Name				S	NM103		Information Source Last Name or Organization Name
179	Name First				S	NM104		Information Source First Name
179	Name Middle				S	NM105		Information Source Middle Name
179	Name Prefix				Not Used	NM106		Not Used
179	Name Suffix				S	NM107		Information Source Suffix Name

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
180	Identification Code Qualifier				R	NM108		24 – Employer’s Identification Number 34 – Social Security Number FI – Federal Tax ID Number PI – Payer ID PP – Pharmacy Processor Number SV – Service Provider Number XV – National Plan ID XX – National Provider ID
181	Identification Code				R	NM109		Information Receiver Primary Identifier.
181	Entity Relationship Code				Not Used	NM110		Not Used
181	Entity Identifier Code				Not Used	NM111		Not Used
182	Information Receiver Additional Identification	S	040	REF				
182	Reference Identification Qualifier				R	REF01	JD	OB – State License Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1J – Facility ID Number 4A – Personal Identification Number PIN CT – Contract Number EL – Electronic device pin number EO – Submitter Identification Number HPI – National Provider ID JD – User Identification N5 – Provider Plan Network Identification Number N7 – Facility Network Identification Number Q4 – Prior Identifier Number SY – SSN TJ – Federal Taxpayer’s Identification Number
183	Reference Identification				R	REF02	User ID	Information Receiver Additional Identifier.
183	License Number State Code				S	REF03		
183	Reference Identifier				Not Used	REF04		Not Used
184	Information Receiver Request Validation	S	025	AAA				
185	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
185	Agency Qualifier Code				Not Used	AAA02		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
185	Reject Reason Code				R	AAA03		45 – Required application data missing (if no REF) 41 – Authorization/Access Restrictions 43 – Invalid/Missing Provider Identification (Missing or bad NM109) 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 50 – Provider Ineligible for inquiries 51 – Provider Not on File 79 – Invalid Participant Identification 97 – Invalid or Missing Provider Address T4 – Payer Name or Identifier Missing
186	Follow-up Action Code				R	AAA04		C – Please Correct and Resubmit N – Resubmission Not Allowed R – Resubmission Allowed S – Do not resubmit, inquiry initiated to a third party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y – Do Not Resubmit. We will hold your request and respond again shortly
187	Loop ID: 2000C Subscriber Level	S	010	HL				This segment is required if this loop is used.
188	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
188	Hierarchical Parent ID Number				R	HL02		Use this ID number to identify the specific hierarchical level to which this level is subordinate
189	Hierarchical Level Code				R	HL03	22	Subscriber
189	Hierarchical Child Code				R	HL04		0 – No Subordinate HL Segment in this Hierarchical Structure 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure
190	Subscriber Trace Number	S	020	TRN				
191	Trace Type Code		Not Populated by Health Plans		R	TRN01	2	Current Transaction Trace Numbers
191	Reference Identification			R	TRN02		Trace Number	
192	Originating Company Identifier			R	TRN03		Originating Company Identifier – The first position must be 1 if an EIN is used, 3 if a DUNS is used or a 9 if a user assigned identifier is used	
192	Reference Identification			S	TRN04		Use this information if necessary to further identify a specific component of the company identified in TRN03	
193	Loop ID: 2100C Subscriber Name	R	030	NM1				
193	Entity Identifier Code				R	NM101	IL	Insured or Subscriber

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
194	Entity Type Qualifier				R	NM102	1	1 – Person
194	Name Last or Organization Name				S	NM103		Subscriber Last Name
194	Name First				S	NM104		Subscriber First Name
194	Name Middle				S	NM105		Subscriber Middle Name
194	Name Prefix				Not Used	NM106		Not Used
194	Name Suffix				S	NM107		Subscriber Suffix Name
195	Identification Code Qualifier				S	NM108	MI	MI – Member Identification Number ZZ – Mutually Defined
195	Identification Code				S	NM109		Subscriber Primary Identifier
195	Entity Relationship Code				Not Used	NM110		Not Used
195	Entity Identifier Code				Not Used	NM111		Not Used
196	Subscriber Additional Identification	S	040	REF				
197	Reference Identification Qualifier				R	REF01		Must be returned if submitted on the request (270) 18 – Plan Number 1L – Group or Policy Number 1W – Member ID Number 3H – Case Number 49 – Family Unit Number 6P – Group Number A6 – Employee Identification Number CT – Contract Number EA – Medical Record Identification Number EJ – Patient Account Number F6 – Health Insurance Claim (HIC) Number GH – ID card Serial Number HJ – ID Card Number IF -- Issue Number IG – Insurance Policy Number ML – Military Rank/Civilian Pay Grade Number N6 – Plan Network ID Number NQ – Medicaid Recipient ID Number Q4 – Prior ID Number SY – Social Security Number
198	Reference Identification				R	REF02		Subscriber Supplemental Identifier
199	Plan Sponsor Name				S	REF03		
199	Reference Identifier				Not Used	REF04		Not Used
200	Subscriber Address	S	060	N3				
200	Address Information				R	N301		Subscriber Address Line
200	Address Information				S	N302		Address Line 2
201	Subscriber City/State/Zip	S	070	N4				
201	City Name				S	N401		Subscriber City Name
202	State or Province Code				S	N402		Subscriber State
202	Postal Code				S	N403		Subscriber Zip

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
202	Country Code				S	N404		Subscriber Country
202	Location Qualifier				S	N405		Not Used
202	Location Identifier				S	N406		Not Used
203	Subscriber Contact Information	S	080	PER				
204	Contact Function Code				R	PER01	IC	IC – Information Contact
204	Name				S	PER02		Subscriber Contact Name
204	Communication Number Qualifier				S	PER03		HP – Home Phone TE – Telephone WP – Work Phone
205	Communication Number				S	PER04		Subscriber Contact Number
205	Communication Number Qualifier				S	PER05		
205	Communication Number				S	PER06		
205	Communication Number Qualifier				S	PER07		
206	Communication Number				S	PER08		
206	Contact Inquiry Reference				Not Used	PER09		Not Used
207	Subscriber Request Validation	S	025	AAA				
207	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
208	Agency Qualifier Code				Not Used	AAA02		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
208	Reject Reason Code				R	AAA03		15 – Required application data missing 42 – Unable to Respond at Current Time (at higher level) 43 – Invalid/Missing Provider Identification (Missing or bad NM109) 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 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 Date of Birth 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not within allowable inquiry period 63 – Date of Service in the Future 64 – Invalid/Missing Patient ID 65 – Invalid/Missing Patient Name 66 – Invalid/Missing Patient Gender Code 67 – Patient Not Found 68 – Duplicate Patient ID Number 71 – Patient Birth Date does not match that for the patient on the database 72 – Invalid/Missing Subscriber/Insured ID 73 – Invalid/Missing Subscriber/Insured Name 74 – Invalid/Missing Subscriber/Insured Gender /Code 75 – Subscriber/Insured Not Found 76 – Duplicate Subscriber/Insured ID Number 77 – Subscriber Found, Patient Not Found 78 – Subscriber/Insured Not in Group/Plan identified
209	Follow-up Action Code				R	AAA04		C – Please Correct and Resubmit N – Resubmission Not Allowed R – Resubmission Allowed S – Do Not Resubmit; Inquiry Initiated to a Third Party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y – Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
210	Subscriber Demographic Information	S	100	DMG				
211	Date Time Period Format Qualifier				S	DMG01	D8	D8 - CCYYMMDD
211	Date Time Period				S	DMG02		Subscriber Birth Date

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
211	Gender Code				S	DMG03		F – Female M – Male U - Unknown
211	Marital Status Code				Not Used	DMG04		Not Used
211	Race or Ethnicity Code				Not Used	DMG05		Not Used
211	Citizenship Status Code				Not Used	DMG06		Not Used
211	Country Code				Not Used	DMG07		Not Used
211	Basis of Verification Code				Not Used	DMG08		Not Used
211	Quantity				Not Used	DMG09		Not Used
212	Subscriber Relationship	S	110	INS				
213	Yes/No Condition				R	INS01	Y	Insured Indicator. A value of Y indicates the insured is a subscriber
213	Individual Relationship Code				R	INS02	18	Self
213	Maintenance Type Code				S	INS03	001	001 – Change; used if any identifying elements for the subscriber have been changed from those submitted in the 270.
214	Maintenance Reason Code				S	INS04	25	25 – Change in identifying elements
214	Benefit Status Code				Not Used	INS05		Not Used
214	Medicare Plan Code				Not Used	INS06		Not Used
214	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying				Not Used	INS07		Not Used
214	Employment Status Code				Not Used	INS08		Not Used
214	Student Status Code			Not Populated by Health Plans	S	INS09		F – full time N – not a student P – part-time
214	Yes/No Condition or Response Code				S	INS10		N – No Y – Yes Note: Handicap Indicator
214	Date Time Period Format Qualifier				Not Used	INS11		Not Used
214	Date Time Period				Not Used	INS12		Not Used
214	Confidentiality Code				Not Used	INS13		Not Used
214	City Name				Not Used	INS14		Not Used
214	State or Province Code				Not Used	INS15		Not Used
214	Country Code				Not Used	INS16		Not Used
215	Number					S	INS17	
216	Subscriber Date	S	120	DTP				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
216	Date Time Qualifier				R	DTP01		402 – Issue 152 – Effective Date of Change 291 – Plan 307 – Eligibility 318 – Added 340 – COBRA Begin 341 – COBRA End 342 – Premium Paid to Date Begin 343 – Premium Paid to Date End 346 – Plan Begin 347 – Plan End 356 – Eligibility Begin 357 – Eligibility End 382 – Enrollment 435 – Admission 442 – Date of Death 458 – Certification 472 – Service 539 – Policy Effective 540 – Policy Expiration 636 – Date of Last Update 771 – Status
217	Date Time Period Format Qualifier				R	DTP02		D8 – CCYYMMDD RD8 – Ranges of Dates CCYYMMDD - CCYYMMDD
217	Date Time Period				R	DTP03		Date
218	Loop ID: 2110C Subscriber Eligibility or Benefit Information	S	130	EB				
219	Eligibility or Benefit Information				R	EB01		1 – Active Coverage 5 – Active – Pending Investigation 6 – Inactive A – Co-Insurance B – Co-Payment C – Deductible D – Benefit Description F – Limitations H – Unlimited I – Non-Covered L – Primary Care Provider M – Pre-existing Condition R – Other or Additional Payer U – contact Following Entity for Eligibility or Benefit Info V – Cannot Process

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
221	Coverage Level Code				S	EB02		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
221	Service Type Code				S	EB03		1 – Medical Care 2 – Surgical Care 3 – Consultation 30 – Health Benefit Plan Coverage 33 – Chiropractic 35 – Dental Care 47 – Hospital 48 – Hospital – Inpatient 52 – Hospital – Emergency Medical 88 – Pharmacy 99 – Professional (Physician) AL – Vision (Optometry) AM – Frames AN – Routine Exam AO – Lenses
226	Insurance Type Code				S	EB04		Code identifying the type of insurance policy within a specific insurance program. CO – COBRA GP – Group Policy HM – Health Maintenance Organization (HMO) IP – Individual Policy PR – Preferred Provider Organization (PPO) PS – Point of Service (POS) SP – Supplemental Policy TF – Tax Equity Fiscal Responsibility Act (TEFRA)
228	Plan Coverage Description				S	EB05		Use if we have a product name. Examples are: BHP, PEBB, HO A description or number that identifies the plan of coverage. Free-form text to convey the specific product name for an insurance plan. Use if available.

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
228	Time Period Qualifier				S	EB06		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
229	Monetary Amount				S	EB07		Benefit Amount. Qualifies EB01, e.g., deductible, co-payment etc.
229	Percent				S	EB08		Benefit Percent. Qualifies EB01, e.g., co-insurance.
229	Quantity Qualifier				S	EB09		Used to identify the type of units that are being conveyed in EB10 99 – Quantity Used CA – Covered Actual CE – Covered Estimated DB – Deductible Blood Units DY – Days HS – Hours LA – Lifetime Reserve – Actual LE – Lifetime Reserve – Estimated MN – Month P6 – Number of Services or Procedures QA – Quantity Approved S7 – Age, High Value S8 – Age, Low Value VS – Visits YY – Years
230	Quantity				S	EB10		Benefit Quantity
230	Yes/No Condition or Response Code				S	EB11		N – No U – Unknown Y – Yes
230	Yes/No Condition or Response Code				S	EB12		N – No U – Unknown Y – Yes

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
230	Composite Medical Identifier		Not Populated by Health Plans		S	EB13		
231	Product or Service ID Qualifier				R	EB13-1		Product or Service ID Qualifier. AD – American Dental Association Codes CJ – CPT Codes HC – HCPCS Codes ID – ICD9-CM IV – Home Infusion EDI Coalition Product/Service Code N4 – National Drug Code in 5-4-2 Format ZZ – Mutually Defined – Not Advised
231	Procedure/Service ID				R	EB13-2		Procedure Code
231	Procedure Modifier				S	EB13-3		Procedure Modifier
231	Procedure Modifier				S	EB13-4		Procedure Modifier
231	Procedure Modifier				S	EB13-5		Procedure Modifier
232	Procedure Modifier				S	EB13-6		Procedure Modifier
232	Description				Not Used	EB13-7		Not Used
233	Health Care Services Delivery	S	135	HSD				
234	Quantity Qualifier				S	HSD01		Required if identifying type and quantity of benefits. DY – Days FL – Units HS – Hours MN – Month VS – Visits
234	Quantity				S	HSD02		Benefit Quantity
234	Unit or Basis for Measurement Code				S	HSD03		Used if needed to provide further information about the number and frequency of benefits. DA – Days MO – Months VS – Visits WK – Week YR – Years
234	Sample Selection Modulus				S	HSD04		Used if needed to provide further information about the number and frequency of benefits

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
235	Time Period Qualifier				S	HSD05		Used if needed to provide further information about the number and frequency of benefits 6 – Hour 7 – Day 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
235	Number of Periods				S	HSD06		Period Count.
235	Ship/Delivery or Calendar Pattern Code		Not Populated by Health Plans			HSD07		Delivery Frequency Code See IG for complete list beginning on page 235.
237	Ship/Delivery Pattern Time Code					HSD08		Delivery Pattern Time Code A – 1 st Shift B – 2 nd Shift C – 3 rd Shift D – A.M. E – P.M. F – As Directed G – Any Shift Y – None
238	Subscriber Additional Identification	S	140	REF				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
238	Reference Identification Qualifier		Not Populated by Health Plans		R	REF01		Use the following when EB01 = R 18 – Plan Number 1L – Group or Policy Number 1W – Member Identification Number 49 – Family Unit Number 6P – Group Number A6 – Employee Identification Number F6 – HIC Number G1 – Prior Authorization Number IG – Insurance Policy Number N6 – Plan Network Identification Number NQ – Medicaid Recipient Identification Number 9F – Referral Number G1 – Prior Authorization Number
239	Reference Identification				R	REF02		Subscriber Eligibility or Benefit Identifier
239	Plan Sponsor Name				S	REF03		
239	REFERENCE IDENTIFIER				S	REF04		
240	Subscriber Eligibility/Benefit Date	S	150	DTP				
240	Date/Time Qualifier				R	DTP01		193 – Period Start 194 – Period End 198 – Completion 290 – Coordination of Benefits 292 – Benefit 295 – Primary Care Provider 304 – Latest Visit or Consultation 307 – Eligibility 318 – Added 348 – Benefit Begin 349 – Benefit End 356 – Eligibility Begin 357 – Eligibility End 435 – Admission 472 – Service 636 – Date of Last Update
240	Date Time Period Format Qualifier				R	DTP02		D8 – CCYYMMDD RD8 – Range of Dates Express in Format CCYYMMDD-CCYYMMDD
241	Date Time Period				R	DTP03		Eligibility or Benefit Date Time Period
242	Subscriber Request Validation	S	025	AAA				
242	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
243	Agency Qualifier Code				Not Used	AAA02		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description	
243	Reject Reason Code				R	AAA03		15 – Required application data missing 52 – Service Dates not within Provider Plan Enrollment 53 – Inquired Benefit Inconsistent with Provider Type 54 – Inappropriate Product/Service ID Qualifier 55 – Inappropriate Product/Service ID 56 – Inappropriate Date 57 – Invalid/Missing Date(s) of Service 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not within allowable inquiry period 63 – Date of Service in the Future 69 – Inconsistent with Patient’s Age 70 – Inconsistent with Patient’s Gender	
243	Follow-up Action Code				R	AAA04		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	
244	Message Text	S	250	MSG					
245	Printer Carriage Control Code				Not Used	MSG02		Not Used	
245	Number				Not Used	MSG03		Not Used	
244	Free Form Message Text				R	MSG01		264 Bytes Free Form Message Text. Not recommended. Prohibited from using text field for information that can be codified.	
246	Loop ID: 2115C Subscriber Eligibility or Benefit Additional Inquiry Information	S	170						
247	Code List Qualifier Code		Not Populated by Health Plans			III01		BF – Diagnosis BK – Principal Diagnosis ZZ – Mutually Defined	
248	Industry Code						III02		Place of Service codes from code source 237
248	Code Category					Not Used	III03		Not Used
248	Free-Form Message Text					Not Used	III04		Not Used
248	Quantity					Not Used	III05		Not Used
248	COMPOSITE UNIT OF MEASURE					Not Used	III06		Not Used
248	Surface/Layer/Position Code					Not Used	III07		Not Used
248	Surface/Layer/Position Code					Not Used	III08		Not Used
248	Surface/Layer/Position Code					Not Used	III09		Not Used
249	Loop ID: 2110C Loop Header	S	330	LS				Required if Loop 2120C is used. This segment identifies the beginning of the Subscriber Benefit Related Entity Name loop.	
249	Loop Identifier Code				R	LS01	2120	Data value must = 2120	

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
250	Loop ID: 2120C Subscriber Benefit Related Entity Name	S	340	NM1				
250	Entity Identifier Code				R	NM101		13 – Contracted Service Provider 1P – Provider 2B – Third Party Administrator 36 – Employer 73 – Other Physician FA – Facility GP – Gateway Provider IL – Insured or Subscriber LR – Legal Representative P3 – Primary Care Provider P4 – Prior Insurance Carrier P5 – Plan Sponsor PR – Payer PRP – Primary Payer SEP – Secondary Payer TTP – Tertiary Payer VN – Vendor X3 – UMO
251	Entity Type Qualifier				R	NM102		1 – Person 2 – Non-Person Entity
251	Name Last or Organization Name				S	NM103		Benefit Related Entity Last or Organization Name
252	Name First				S	NM104		Benefit Related Entity First Name
252	Name Middle				S	NM105		Benefit Related Entity Middle Name
252	Name Prefix				Not Used	NM106		
252	Name Suffix				S	NM107		Benefit Related Entity Suffix Name
252	Identification Code Qualifier				S	NM108		24 – Employer’s Identification Number 34 – SSN 46 – Electronic Transmitter Identification Number FA – Facility Identification FI – Federal Tax ID MI – Member Identification Number NI – NAIC Identification PI – Payer Identification PP – Pharmacy Processor Number SV – Service Provider Number XV – National Payer ID XX – National Provider ID ZZ – Mutually Defined
253	Identification Code				S	NM109		Benefit Related Entity Identifier
253	Entity Relationship Code				Not Used	NM110		Not Used
253	Entity Identifier Code				Not Used	NM111		Not Used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
254	Subscriber Benefit Related Entity Address	S	060	N3				
254	Address Information				R	N301		Benefit Related Entity Address Line
254	Address Information				S	N302		Address Line 2
255	Benefit Related Entity City/State/Zip	S	070	N4				
255	City Name				S	N401		Benefit Related Entity City Name
256	State Code				S	N402		Benefit Related Entity State
256	Postal Code				S	N403		Benefit Related Entity Zip
256	Country Code				S	N404		Benefit Related Entity Country
256	Location Qualifier				S	N405	RJ	RJ = Region. Used only for CHAMPUS/TRICARE OR CHAMPVA
256	Location Identifier				S	N406		Department of Defense Health Service Region Code
257	Benefit Related Entity Contact Info	S	080	PER				
258	Contact Function Code				R	PER01	IC	IC - Information Contact
258	Name				S	PER02		Benefit Related Entity Contact Name
258	Communication Number Qualifier				S	PER03		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
259	Communication Number				S	PER04		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
259	Communication Number Qualifier		Not Populated by Health Plans		S	PER05		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
259	Communication Number				S	PER06		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
259	Communication Number Qualifier				S	PER07		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
260	Communication Number				S	PER08		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
260	Contact Inquiry Reference				Not Used	PER09		Not Used
261	Subscriber Benefit Related Provider Information	S	390	PRV				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
262	Provider Code				R	PRV01	PC	Code Identifying the type of provider AD – Admitting AT – Attending BI – Billing CO – Consulting CV – Covering H – Hospital HH – Home Health Care LA – Laboratory OT – Other Physician P1 – Pharmacist P2 – Pharmacy PC – Primary Care Physician PE – Performing R – Rural Health Clinic RF – Referring SB – Submitting SK – Skilled Nursing Facility SU – Supervising
262	Reference Identification Qualifier				R	PRV02	9K	Code to identify the specific provider: 9K – Servicer D3 – National Association of Boards of Pharmacy Number EI – Employer’s Identification Number HPI – National Provider ID (NPI) SY – SSN TJ – Federal Tax ID Number ZZ – Mutually Defined
263	Reference Identification				R	PRV03		Provider Identifier
263	State or Province Code				Not Used	PRV04		Not Used
263	PROVIDER SPECIALTY INFORMATION				Not Used	PRV05		Not Used
263	Provider Organization Code				Not Used	PRV06		Not Used
264	Loop Trailer	S	400	LE				
264	Loop Identifier Code				R	LE01	2120	Data element must = 2120
265	Loop ID: 2000D Dependent Level	S	010	HL				
266	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each successive occurrence of the HL segment within that specific ST-SE
266	Hierarchical Parent ID Number				R	HL02		Use this ID number to identify the specific hierarchical level to which this level is subordinate
266	Hierarchical Level Code				R	HL03	23	23 - Dependent
267	Hierarchical Child Code				R	HL04	0	0 - No Subordinate HL Segment in this Hierarchical Structure
268	Dependent Trace Number	S	020	TRN				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
269	Trace Type Code		Not Populated by Health Plans		R	TRN01	1	Current Transaction Trace Numbers
269	Reference Identification				R	TRN02		Trace Number
270	Originating Company Identifier				R	TRN03		Originating Company Identifier – The first position must be 1 if an EIN is used, 3 if a DUNS is used or a 9 if a user assigned identifier is used
270	Reference Identification				S	TRN04		Use this information if necessary to further identify a specific component of the company identified in TRN03
271	Loop ID: 2100D Dependent Name	R	030	NM1				
271	Entity Identifier Code				R	NM101	03	03 - Dependent
272	Entity Type Qualifier				R	NM102	1	1 – Person
272	Name Last or Organization Name				S	NM103		Dependent Last Name
272	Name First				S	NM104		Dependent First Name
272	Name Middle				S	NM105		Dependent Middle Name
272	Name Prefix				Not Used	NM106		
272	Name Suffix				S	NM107		Dependent Suffix Name
273	Identification Code Qualifier				S	NM108	MI	MI – Member Identification ZZ – Mutually Defined
273	Identification Code				S	NM109		Dependent Primary Identifier
273	Entity Relationship Code				Not Used	NM110		Not Used
273	Entity Identifier Code				Not Used	NM111		Not Used
274	Dependent Additional Identification	S	040	REF				
275	Reference Identification Qualifier				R	REF01		Must be returned if submitted on the request (270) 18 – Plan Number 1L – Group or Policy Number 1W – Member ID Number 49 – Family Unit Number 6P – Group Number A6 – Employee ID Number CT – Contract Number EA – Medical Record Identification Number EJ – Patient Account Number F6 – Health Insurance Claim (HIC) Number GH – ID Card Serial Number HJ – Identity Card Number IF – Issue Number IG – Insurance Policy Number M7 – Medical Assistance Category N6 – Plan Network ID Number NQ – Medicaid Recipient ID Number Q4 – Prior ID Number SY – SSN
276	Reference Identification				R	REF02		Dependent Supplemental Identifier

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description	
276	Plan Sponsor Name				S	REF03			
276	REFERENCE IDENTIFIER				Not Used	REF04		Not Used	
277	Dependent Address	S	060	N3					
277	Address Information				R	N301		Dependent Address Line	
277	Address Information				S	N302		Address Line 2	
278	Dependent City/State/Zip	S	070	N4					
278	City Name				S	N401		Dependent City Name	
279	State Code				S	N402		Dependent State	
279	Postal Code				S	N403		Dependent Zip	
279	Country Code				S	N404		Subscriber Country	
279	Location Qualifier				Not Used	N405			
279	Location Identifier				Not Used	N406			
280	Dependent Contact Information	S	080	PER					
281	Contact Function Code				R	PER01	IC	IC – Information Contact	
281	Name				S	PER02		Dependent Contact Name	
281	Communication Number Qualifier				S	PER03		HP – Home Phone TE – Telephone WP – Work Phone	
282	Communication Number				S	PER04		Dependent Contact Number	
282	Communication Number Qualifier			Not Populated by Health Plan		PER05		EX – Telephone Extension HP – Home Phone TE – Telephone WP – Work Phone	
282	Communication Number					PER06		Dependent Contact Number	
282	Communication Number Qualifier					PER07		EX – Telephone Extension HP – Home Phone TE – Telephone WP – Work Phone	
283	Communication Number						PER08		Dependent Contact Number
283	Contact Inquiry Reference					Not Used	PER09		Not Used
284	Dependent Request Validation	S	025		AAA				
284	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid	
284	Agency Qualifier Code				Not Used	AAA02			

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
285	Reject Reason Code				R	AAA03		15 – Required application data missing 42 – Unable to Respond at Current Time 43 – Invalid/Missing Provider Identification 45 – Invalid/Missing Provider Specialty 47 – Invalid/Missing Provider State 48 – Invalid/Missing Referring Provider Identification Number 49 – Provider is not Primary Care Physician 51 – Provider Not on File 52 – Service Dates not within Provider Plan Enrollment 56 – Inappropriate Date 57 – Invalid/Missing Date(s) of Service 58 – Invalid/Missing Date of Birth 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not within allowable inquiry period 63 – Date of Service in the Future 64 – Invalid/Missing Patient ID 65 – Invalid/Missing Patient Name 66 – Invalid/Missing Patient Gender Code 67 – Patient Not Found 68 – Duplicate Patient ID Number 71 – Patient Birth Date does not match that for the patient on the database 72 – Invalid/Missing Subscriber/Insured ID 73 – Invalid/Missing Subscriber/Insured Name 74 – Invalid/Missing Subscriber/Insured Gender/Code 75 – Subscriber/Insured Not Found 76 – Duplicate Subscriber/Insured ID Number 77 – Subscriber Found, Patient Not Found 78 – Subscriber/Insured Not in Group Plan identified
286	Follow-up Action Code				R	AAA04		C – Please Correct and Resubmit N – Resubmission Not Allowed R – Resubmission Allowed S – Do not resubmit, inquiry initiated to a third party W – Please Wait 30 Days and Resubmit X – Please Wait 10 Days and Resubmit Y – Do Not Resubmit. We will hold your request and respond again shortly
287	Dependent Demographic Information	S	100	DMG				
288	Date Time Period Format Qualifier				S	DMG01	D8	D8 - CCYYMMDD
288	Date Time Period				S	DMG02		Dependent Birth Date
288	Gender Code				S	DMG03		F – Female M - Male
288	Marital Status Code				Not Used	DMG04		Not Used
288	Race or Ethnicity Code				Not Used	DMG05		Not Used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
288	Citizenship Status Code				Not Used	DMG06		Not Used
288	Country Code				Not Used	DMG07		Not Used
288	Basis of Verification Code				Not Used	DMG08		Not Used
288	Quantity				Not Used	DMG09		Not Used
289	Dependent Relationship	S	110	INS				
290	Yes/No Condition				R	INS01	N	Insured Indicator. A value of N indicates the insured is a dependent
290	Individual Relationship Code				R	INS02		01 – Spouse 19 – Child 21 – Unknown 34 – Other Adult
290	Maintenance Type Code				S	INS03	001	001 – Change. Use if any of the identifying elements for the subscriber have been changed from those submitted in the 270.
291	Maintenance Reason Code				S	INS04	25	25 – Change in Identifying Data Elements. Use this code to indicate that a change has been made to the primary elements that identify a specific person. Such elements are first name, last name, date of birth and identification numbers.
291	Benefit Status Code		Not Populated by Health Plans		Not Used	INS05		
291	Medicare Plan Code				Not Used	INS06		
291	COBRA Qualifying Event				Not Used	INS07		
291	Employment Status Code				Not Used	INS08		
291	Student Status Code				S	INS09		Student Status Code F – Full Time N – Not a Student P – Part Time
291	Yes/No Condition or Response Code				S	INS10		Handicap Indicator N – No Y – Yes
291	Date Time Period Format Qualifier				Not Used	INS11		
291	Date Time Period				Not Used	INS12		
291	Confidentiality Code				Not Used	INS13		
291	City Name				Not Used	INS14		
291	State or Province Code		Not Used	INS15				
291	Country Code		Not Used	INS16				
292	Number				S	INS17		Birth Sequence Number/ Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02
293	Dependent Date	S	120	DTP				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
293	Date Time Qualifier				R	DTP01		402 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - COBRA Begin 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update
294	Date Time Period Format Qualifier				R	DTP02		D8 - CCYYMMDD RD8 - CCYYMMDD-CCYYMDD
294	Date Time Period				R	DTP03		Date
295	Loop ID: 2110D Dependent Eligibility or Benefit Information	S	130	EB				
296	Eligibility or Benefit Information				R	EB01		1 - Active Coverage 5 - Active - Pending Investigation 6 - Inactive A - Co-Insurance B - Co-Payment C - Deductible D - Benefit Description F - Limitations H - Unlimited I - Non-Covered L - Primary Car Provider M - Pre-existing Condition R - Other or Additional Payer U - Contact Following Entity for Eligibility or Benefit Info V - Cannot Process

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
298	Coverage Level Code				S	EB02		CHD – Children Only DEP – Dependents Only ECH – Employee and Children ESP – Employee and Spouse FAM – Family IND – Individual SPC – Spouse and Children SPO – Spouse Only
298	Service Type Code				S	EB03		1 – Medical Care 2 – Surgical 3 – Consultation 30 – Health Benefit Plan Coverage 33 – Chiropractic 35 – Dental Care 47 – Hospital 52 – Hospital – Emergency Medical 88 – Pharmacy 96 – Professional (Physician) AL – Vision (Optometry) AM – Frames AN – Routine Exam AO – Lenses
303	Insurance Type Code				S	EB04		Code identifying the type of insurance policy within a specific insurance program. CO – COBRA GP – Group Policy HM – Health Maintenance Organization (HMO) IP – Individual Policy PR – Preferred Provider Organization (PPO) PS – Point of Service (POS) SP – Supplemental Policy TF – TEFRA
305	Plan Coverage Description				S	EB05		Use if we have a product name. Examples are: BHP, PEBB,HO A description or number that identifies the plan of coverage. Free-form text to convey the specific product name for an insurance plan. Use if available.

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
305	Time Period Qualifier				S	EB06		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
305	Monetary Amount				S	EB07		Benefit Amount.
306	Percent				S	EB08		Benefit Percent.
306	Quantity Qualifier				S	EB09		Used to identify the type of units that are being conveyed in EB10 99 – Quantity Used CA – Covered Actual CE – Covered Estimated DB – Deductible Blood Units DY – Days HS – Hours LA – Lifetime Reserve – Actual LE – Lifetime Reserve – Estimated MN – Month P6 – Number of Services or Procedures QA – Quantity Approved S7 – Age, High Value S8 – Age, Low Value VS – Visits YY – Years
306	Quantity				S	EB10		Benefit Quantity
307	Yes/No Condition or Response Code				S	EB11		Authorization or Certification Indicator. N – No U – Unknown Y – Yes
307	Yes/No Condition or Response Code				S	EB12		Plan Network Indicator N – No U – Unknown Y – Yes
307	Composite Medical Identifier				S	EB13		

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
307	Product/Service ID Qualifier		Not Populated by Health Plans		R	EB13-1		Product or Service ID Qualifier. AD – American Dental Association Codes CJ – CPT Codes HC – HCPCS Codes ID – ICD9-CM IV – Home Infusion EDI Coalition Product/Service Code ND – NDC N4 – National Drug Code in 5-4-2 Format ZZ – Mutually Defined – Not Advised
308	Procedure Code				R	EB13-2		Procedure Code
308	Procedure Modifier				S	EB13-3		Procedure Modifier
308	Procedure Modifier				S	EB13-4		Procedure Modifier
308	Procedure Modifier				S	EB13-5		Procedure Modifier
308	Procedure Modifier				S	EB13-6		Procedure Modifier
308	Description				Not Used	EB13-7		Not Used
309	Health Care Services Delivery	S	135	HSD				
310	Quantity Qualifier				S	HSD01		Required if identifying type and quantity of benefits. DY – Days FL – Units HS – Hours MN – Month VS – Visits
310	Quantity				S	HSD02		Benefit Quantity
310	Unit or Basis for Measurement Code				S	HSD03		Used if needed to provide further information about the number and frequency of benefits. DA – Days MO – Months VS – Visits WK – Week YR – Years
310	Sample Selection Modulus				S	HSD04		Used if needed to provide further information about the number and frequency of benefits

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
311	Time Period Qualifier				S	HSD05		Used if needed to provide further information about the number and frequency of benefits 6 – Hour 7 – Day 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
311	Number of Periods				S	HSD06		Period Count.
311	Ship/Delivery or Calendar Pattern Code		Not Populated by Health Plans			HSD07		Delivery Frequency Code 1 – 1 st week of the month 2 – 2 nd week of the month N – As Directed See IG for complete list beginning on page 231.
313	Ship/Delivery Pattern Time Code					HSD08		Delivery Pattern Time Code A – 1 st Shift B – 2 nd Shift C – 3 rd Shift D – A.M. E – P.M. F – As Directed G – Any Shift Y – None
314	Dependent Additional Identification	S	140	REF				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
314	Reference Identification Qualifier		Not Populated by Health Plans		R	REF01		18 – Plan Number 1L – Group or Policy Number 1W – Member Identification Number 49 – Family Unit Number 6P – Group Number A6 – Employee Identification Number F6 – HIC Number G1 – Prior Authorization Number IG – Insurance Policy Number N6 – Plan Network Identification Number NQ – Medicaid Recipient Identification Number
315	Reference Identification				R	REF02		Dependent Eligibility or Benefit Identifier
315	Plan Sponsor Name				S	REF03		
315	REFERENCE IDENTIFIER				Not Used	REF04		Not Used
316	Subscriber Eligibility/Benefit Date	S	150	DTP				
316	Date/Time Qualifier				R	DTP01		193 – Period Start 194 – Period End 198 – Completion 290 – Coordination of Benefits 292 – Benefit 295 – Primary Care Provider 304 – Latest Visit or Consultation 307 – Eligibility 318 – Added 348 – Benefit Begin 349 – Benefit End 435 – Admission 356 – Eligibility Begin 472 – Service 636 – Date of Last Update 771 – Status
317	Date Time Period Format Qualifier				R	DTP02		D8 – CCYYMMDD RD8 – CCYYMMDD-CCYYMMDD
317	Date Time Period				R	DTP03		Eligibility or Benefit Date Time Period
318	Request Validation	S	025	AAA				
318	Yes/No Condition Response				R	AAA01		N – No, this request or an element in this request is not valid Y – Yes, this request is valid
319	Agency Qualifier Code				Not Used	AAA02		Not Used

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
319	Reject Reason Code				R	AAA03		15 – Required application data missing 52 – Service Dates not within Provider Plan Enrollment 53 – Inquired Benefit Inconsistent with Provider Type 54 – Inappropriate Product/Service ID Qualifier 55 – Inappropriate Product/Service ID 56 – Inappropriate Date 57 – Invalid/Missing Date(s) of Service 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not within allowable inquiry period 63 – Date of Service in the Future 69 – Inconsistent with Patient’s Age 70 – Inconsistent with Patient’s Gender
319	Follow-up Action Code				R	AAA04		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
320	Message Text	S	250					
320	Free Form Message Text					MSG01		264 Bytes Free Form Message Text. Not recommended. Prohibited from using text field for information that can be codified.
321	Printer Carriage Control Code				Not Used	MSG02		Not Used
321	Number				Not Used	MSG03		Not Used
322	Loop ID: 2115D Dependent Eligibility or Benefit Additional Inquiry Information	S	170					
323	Code List Qualifier Code		Not Populated by Health Plans		R	III01		BF – Diagnosis BK – Principal Diagnosis ZZ – Mutually Defined
324	Industry Code			R	III02		Place of Service	
324	Code Category			Not Used	III03		Not Used	
324	Free-Form Message Text			Not Used	III04		Not Used	
324	Quantity			Not Used	III05		Not Used	
324	COMPOSITE UNIT OF MEASURE			Not Used	III06		Not Used	
324	Surface/Layer/Position Code			Not Used	III07		Not Used	
324	Surface/Layer/Position Code			Not Used	III08		Not Used	
324	Surface/Layer/Position Code			Not Used	III09		Not Used	
325	Dependent Eligibility or Benefit Information	S	330					Required if Loop 2120D is used (Loop header).
325	Loop Identifier Code					LS01	2120	Data element must = 2120

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
326	Loop ID: 2120D Dependent Benefit Related Entity Name	S	340	NM1				
326	Entity Identifier Code				R	NM101		13 – Contracted Service Provider 1P – Provider 2B – Third Party Administrator 36 – Employer 73 – Other Physician FA – Facility GP – Gateway Provider IL – Insured or Subscriber LR – Legal Representative P3 – Primary Care Provider P4 – Prior Insurance Carrier P5 – Plan Sponsor PR – Payer PRP – Primary Payer SEP – Secondary Payer TTP – Tertiary Payer VN – Vendor
327	Entity Type Qualifier				R	NM102		1 – Person 2 – Non-Person Entity
327	Name Last or Organization Name				S	NM103		Benefit Related Entity Last or Organization Name
328	Name First				S	NM104		Benefit Related Entity First Name
328	Name Middle				S	NM105		Benefit Related Entity Middle Name
328	Name Prefix				Not Used	NM106		
328	Name Suffix				S	NM107		
328	Identification Code Qualifier				S	NM108		24 – Employer’s Identification Number 34 – SSN 46 – Electronic Transmitter Identification Number FA – Facility Identification FI – Federal Tax ID MI – Member Identification Number NI – NAIC Identification PI – Payer Identification PP – Pharmacy Processor Number SV – Service Provider Number XV – National Payer ID XX – National Provider ID ZZ – Mutually Defined
329	Identification Code				S	NM109		Benefit Related Entity Identifier
329	Entity Relationship Code				Not Used	NM110		Not Used
329	Entity Identifier Code				Not Used	NM111		Not Used
330	Dependent Benefit Related Entity Address	S	060	N3				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
330	Address Information				R	N301		Benefit Related Entity Address Line
330	Address Information				S	N302		Address Line 2
331	Dependent Benefit Related Entity City/State/Zip	S	070	N4				
331	City Name				S	N401		Benefit Related Entity City Name
332	State Code				S	N402		Benefit Related Entity State
332	Postal Code				S	N403		Benefit Related Entity Zip
332	Country Code				S	N404		Benefit Related Entity Country
332	Location Qualifier				S	N405	RJ	RJ – Region. Used only for CHAMPUS/TRICARE OR CHAMPVA
332	Location Identifier				S	N406		Department of Defense Health Service Region Code
333	Dependent Benefit Related Entity Contact Info	S	080	PER				
334	Contact Function Code				R	PER01	1C	IC – Information Contact
334	Name				S	PER02		Benefit Related Entity Contact Name
334	Communication Number Qualifier				S	PER03		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
335	Communication Number				S	PER04		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
335	Communication Number Qualifier		Not Populated by Health Plan		S	PER05		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
335	Communication Number				S	PER06		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
335	Communication Number Qualifier				S	PER07		ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Fax TE – Telephone WP – Work Phone Number
336	Communication Number				S	PER08		Benefit Related Entity Communication Number; the format for US domestic phone numbers is: AAABBBCCCC
336	Contact Inquiry Reference				Not Used	PER09		Not Used
337	Dependent Benefit Related Provider Information	S	390	PRV				

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
338	Provider Code				R	PRV01		Code Identifying the type of provider AD – Admitting AT – Attending BI – Billing CO – Consulting CV – Covering H – Hospital HH – Home Health Care LA – Laboratory OT – Other Physician P1 – Pharmacist P2 – Pharmacy PC – Primary Care Physician PE – Performing R – Rural Health Clinic RF – Referring SB – Submitting SK – Skilled Nursing Facility SU – Supervising
338	Reference Identification Qualifier				R	PRV02		Code to identify the specific provider 9K – Service D3 – National Association of Boards of Pharmacy Number EI – Employer’s Identification Number HPI – National Provider ID (NPI) SY – SSN TJ – Federal Tax ID Number ZZ – Mutually Defined
339	Reference Identification				R	PRV03		Provider Identifier
339	State or Province Code				Not Used	PRV04		Not Used
339	PROVIDER SPECIALTY INFORMATION				Not Used	PRV05		Not Used
339	Provider Organization Code				Not Used	PRV06		Not Used
340	Loop ID: 2110D Loop Trailer	S	400	LE				
340	Loop Identifier Code				R	LE01	2120	Data element must = 2120; this segment identifies the end of the Dependent Benefit Related Entity Name loop.
341	Transaction Set Trailer	R	410	SE				
341	Number of Included Segments				R	SE01		Transaction Segment Count
341	Transaction Set Control Number				R	SE02		The transaction set control numbers in ST02 and SE02 must be identical.

ENVELOPE - Close

Page #	Industry Name (When available, ELSE ANSI Name)	Seg. Rqmt.	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.10	Functional Group Trailer			GE				
B.10	Number of Transaction Sets Included				R	GE01		Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element
B.10	Group Control Number				R	GE02		Assigned number originated and maintained by the sender
B.7	Interchange Control Trailer			IEA				
B.7	Number of Included Functional Groups				R	IEA01		A count of the number of functional groups included in an interchange
B.7	Interchange Control Number				R	IEA02		Interchange Control Number