

**HCSC
270 Companion Document**

**ASC X12N
Healthcare Eligibility and Benefit Inquiry and Response
Version 4010A1 Addenda October 2002**

Purpose of This Document

This companion guide has been written to assist those who will be implementing the ASC X12N 270/271 Healthcare Eligibility and Benefit Inquiry and Response transaction set for use with HCSC. HCSC's recommendations are noted in the comments section of the companion document, otherwise please refer to the ASC X12N 270/271 (004010X092A1) Implementation Guide Addenda dated October 2002 for field requirements. Our hope is that this companion document will simplify your implementation.

Please note that this guide is intended only as a supplement to and NOT a replacement for the ASC X12N 270/271 Healthcare Eligibility and Benefit Inquiry and Response Implementation Guide as mandated under HIPAA. The implementation specifications for the ASC X12N 270/271 Standard may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; Telephone 301-949-9740; and FAX: 301-949-9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to complete a testing phase before production status can be granted to ensure accurate format and data quality. Once the vendor or submitter is granted production status, providers may use the 270/271 Healthcare Eligibility and Benefit Inquiry and Response transaction without additional testing. We do however, allow and recommend all submitters to submit test transaction files to continuously ensure format and syntax standards are maintained. We must be notified so that the submitter identification number can be activated on the testing facility.

The submitter of the test transaction file must test thru Availity Health Information Network. Availity provides a secure internet connection for testing. This IS NOT a HIPAA certification facility. Availity is no way certifying your transaction as HIPAA compliant. Testing is designed to ensure EDI trading partners meet HCSC eligibility and benefit inquiry and response processing requirements. Testing is coordinated with HCSC.

Contact Availity Client Services at 1-800-282-4548.

Field Definitions

R (Required): This field must always be included in the transmission.

S (Situational): This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.

N/U (Not Used): The **yellow** shaded areas of the Companion Guide are **NOT USED** according to the standard and should not be included in transmissions.

Comments: This provides HCSC requirements/recommendations for some fields.

Important Items to Note:

In this Companion Document, examples are given following each segment within the 270 transaction.

All dates are 8 character dates in the format CCYYMMDD. The only date data element that is in YYMMDD is the Interchange date data element in the ISA segment.

271 responses will be returned as individual transactions (ISA - IEA) as they are received from the information source. They **will not** be compiled/concatenated into a single logical or physical file.

HCSC recommends the use of the following delimiters in all transactions:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
: or >	Colon	Sub-element Separator
~	Tilde	Segment Terminator

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
ISA	Interchange Control Header	B.3		1	R	---	1		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	03
ISA02	Authorization Information		AN	10-10	R				A userid value provided by Availity.
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	" 01 " is preferred value.
ISA04	Security Information		AN	10-10	R				This is the password assigned by Availity.
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	01 - D&B number 30 - Fed. Tax ID
ISA06	Interchange Sender ID		AN	15-15	R				
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use ZZ
ISA08	Interchange Receiver ID		AN	15-15	R				G00621 = IL G00790 = NM G00840 = OK G84980 = TX
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Cannot be greater than current date.
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version Number		ID	5-5	R			00401	
ISA13	Interchange Control Number		NO	9-9	R				Must match IEA02.
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			T, P	T = Test P = Production Note: Production files submitted to the internet test facility, are not forwarded to payers for processing.
ISA16	Component Element Separator		AN	1-1	R				Preferred values are : or >
Example: ISA*00*.....*01*PASSWORD.*ZZ*SUBMITTERS.ID.*ZZ*G84980.....*060101*1200*U*00401*123456789*0*T*~									
Note: The ISA segment is a fixed format. Spaces in the example are represented by "." for clarity.									
GS	Functional Group Header	B.8		1	R		1		
GS01	Functional Identifier Code		ID	2-2	R			HS, HB	
GS02	Application Sender Code		AN	2-15	R				Must match ISA06. R+ISA06 = real time
GS03	Application Receiver Code		AN	2-15	R				Must match ISA08
GS04	Date		DT	8-8	R			CCYYMMDD	Cannot be greater than current date.
GS05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
GS06	Group Control Number		NO	1-9	R				
GS07	Responsible Agency Code		ID	1-2	R			X	
GS08	Version Identifier Code		AN	1-12	R			004010X092A1	
Example: GS*HS*SENDER CODE*G84980*20060101*0802*1*X*004010X092A1~ (Addenda Version)									
ST	Transaction Set Header	36		1	R				
ST01	Transaction Set Identifier Code		ID	3-3	R			270	
ST02	Transaction Set Control Number		AN	4-9	R				Must match SE02.
Example: ST*270*0001~									
BHT	Beginning of Hierarchical Transaction	38		1	R				
BHT01	Hierarchical Structure Code		ID	4-4	R			0022	
BHT02	Transaction Set Purpose Code		ID	2-2	R			01, 13, 36	
BHT03	Originator Application Transaction ID (File ID)		AN	1-30	S				
BHT04	Date		DT	8-8	R			CCYYMMDD	Must not be greater than current date.
BHT05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
BHT06	Transaction Type Code		ID	2-2	S			RT, RU	
Example: BHT*0022*13*200601011000*20060101*1400~									
Example: BHT*0022*13*200601011000*20060101*1400*RU~									
HL	Information Source Level	41		1	R	2000A	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
HL03	Hierarchical Level Code		ID	1-2	R			20	
HL04	Hierarchical Child Code		ID	1-1	R			1	
Example*HL*1**20*1-									
NM1	Information Source Name	44		1	R	2100A	>1		
NM101	Entity Identifier Code		ID	2-3	R			2B, 36, GP, P5, PR	HCSC prefers "PR".
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	S				Recommended value is BCBS
NM104	First Name		AN	1-25	S				
NM105	Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			24, 46, FI, NI, PI, XV, XX	Recommended value is PI.
NM109	Identification Code		AN	2-80	R				BCBS requires the BCBS plan code G00621 = IL G00790 = NM G00840 = OK G84980 = TX
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
Example: NM1*PR*2*BCBSTX****PI*400-									
HL	Information Receiver Level	47		1	R	2000B	>1		
HL01	Hierarchical ID Number		AN	1-12	R	R			
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				
HL03	Hierarchical Level Code		ID	1-2	R			21	
HL04	Hierarchical Child Code		ID	1-1	R			1	
Example: HL*2*1*21*1-									
NM1	Information Receiver Name	50		1	R	2100B	>1		
NM101	Entity Identifier Code		ID	2-3	R			1P, 2B, 80, GP, 36, FA, P5, PR	HCSC prefers 1P.
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	Enter 1 for Professional Provider or 2 for Institutional
NM103	Name Last or Organization Name		AN	1-35	S				
NM104	First Name		AN	1-25	S				
NM105	Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			24, 34, FI, PI, PP, SV, XV, XX	Use "SV" qualifier for legacy provider number. Use "XX" qualifier for National Provider ID (NPI). Legacy ID will no longer be accepted after 5/23
NM109	Identification Code		AN	2-80	R				Rendering Provider Number or NPI. When NPI is present enter legacy provider number in 2100B REF02 with N5 qualifier in REF01.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
Example: NM1*1P*1*JONES*MARCUS****SV*1234AB-									
REF	Information Receiver Additional Identification	54		1	S	2100B	1		
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1C, 1D, 1J, 4A, CT, EL, EO, HPI, JD, N5, N7, Q4, SY, TJ	HCSC prefers "N5" or "Q4" for the legacy provider ID. Legacy ID will no longer be accepted after 5/23
REF02	Reference Identification		AN	1-30	R				Rendering Provider Number.
REF03	Description		AN	1-80	S				
REF04	Reference Identifier				N/U				
Example: REF*N5*0012AB-									
N3	Information Receiver Address	57		1	S	2100B			
N301	Address Information		AN	1-55	R				
N302	Address Information		AN	1-56	S				
Example: N3*201 NORTH CENTRAL EXPRESSWAY*SUITE 300-									

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
N4	Information Receiver City/State/Zip Code	58		1	S	2100B			
N401	City Name		AN	2-30	R				
N402	State or Province Code		ID	2-2	R				Must be valid United States Postal Service abbreviation.
N403	Postal Code		ID	3-15	R				Must be valid United States Postal Service zip code for the state in N402.
N404	Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Qualifier		AN	1-30	N/U				
Example: N4*DALLAS*TX*75225~									
PER	Information Receiver Contact Information	60		3	S	2100B			
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Name		AN	1-60	S				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, TE, FX	
PER04	Communication Number		AN	1-80	S				
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, TE, EX, FX	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, TE, EX, FX	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
Example: PER*IC*BILLING DEPT*TE*2128763654*EX*2104*FX*2128769304~									
PRV	Information Receiver Provider Information	64		1	S	2100B			
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT, P1, P2, PC, PE, R, RF, SB, SK, SU	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Reference Identification		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information			2-2	N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
Example: PRV*PE*ZZ*0123BA~									
HL	Subscriber Level	66		>1	R	2000C	>1		
HL01	Hierarchical ID Number		AN	1/12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			22	
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	
Example: HL*3*2*22*0~									
TRN	Subscriber Trace Number	69		2	S	2000C	1		
TRN01	Trace Type Code		ID	1-2	R			1	
TRN02	Reference Identification		AN	1-30	R				
TRN03	Originating Company Identifier		AN	10-10	R				
TRN04	Reference Identification		AN	1-30	S				
Example: TRN*1*987654321*9123456781*EDITRXN~									
NM1	Subscriber Name	71		1	R	2100C	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Name Last		AN	1-35	S				Subscriber last name.
NM104	Name First		AN	1-25	S				Subscriber first name.
NM105	Name Middle		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Use MI
NM109	Identification Code		AN	2-80	S				Subscriber number, including alpha prefix as indicated on ID card.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
Example: NM1*IL*1*SMITH*JOHN*L***MI*ZGB444115555-									
REF	Subscriber Additional Identification	74		9	S	2100C	1		
REF01	Reference Identification Qualifier		ID	2-3	R			18, 1L, 1W, 1J, 49, 6P, A6, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ, SY	HCSC prefers "6P".
REF02	Reference Identification		AN	1-30	R				Group Number as indicated on ID card.
REF03	Description		AN	1-80	S				
REF04	Reference Identifier				N/U				
Example: REF*6P*660415-									
N3	Subscriber Address	77		1	S	2100C			
N301	Address Information		AN	1-55	R				
N302	Address Information		AN	1-56	S				
Example: N3*4433 NOEL DRIVE*APT 215-									
N4	Subscriber City/State/Zip Code	78		1	S	2100C			
N401	City Name		AN	2-30	R				
N402	State or Province Code		ID	2-2	R				Must be valid United States Postal Service abbreviation.
N403	Postal Code		ID	3-15	R				Must be valid United States Postal Service zip code for the state in N402.
N404	Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Qualifier		AN	1-30	N/U				
Example: N4*DALLAS*TX*75225-									
PRV	Provider Information	80		1	S	2100C			HCSC recommends using to get specific benefit level information
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT, P1, P2, PC, PE, R, RF, SB, SK, SU	BI Billing CO Consulting H Hospital HH Home Health Care LA Laboratory P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic SK Skilled Nursing Facility
PRV02	Reference Identification Qualifier		ID	2-3	R			9K, D3, EI, HPI, SY, TJ, ZZ	ZZ
PRV03	Reference Identification		AN	1-30	R				PRV03="193200000X"
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
Example: PRV*PE*9K*0058KB-									
DMG	Subscriber Demographic Information	83		1	S	2100C			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Date of Birth - Subscriber		AN	1-35	S			CCYYMMDD	Cannot be greater than current system date.
DMG03	Gender Code		ID	1-1	S			F,M	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
Example: DMG*D8*19430917*M-									
INS	Subscriber Relationship	85		1	S	2100C			
INS01	Yes/No Condition or Response Code		ID	1-1	R			Y	
INS02	Individual Relationship Code		ID	2-2	R			18	
INS03	Maintenance Type Code		ID	3-3	N/U				
INS04	Maintenance Reason Code		ID	2-3	N/U				
INS05	Benefit Status Code		ID	1-1	N/U				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
INS06	Medicare Plan Code		ID	1-1	N/U				
INS07	COBRA Qualifying		ID	1-2	N/U				
INS08	Employment Status Code		ID	2-2	N/U				
INS09	Student Status Code		ID	1-1	N/U				
INS10	Yes/No Condition or Response Code		ID	1-1	N/U				
INS11	Date Time Period Format Qualifier		ID	2-3	N/U				
INS12	Date Time Period		AN	1-35	N/U				
INS13	Confidentiality Code		ID	1-1	N/U				
INS14	City Name		AN	2-30	N/U				
INS15	State or Province Code		ID	2-2	N/U				
INS16	Country Code		ID	2-3	N/U				
INS17	Number		NO	1-9	R				Birth sequence number in multiple births.
Example: INS*Y*18*****3~									
DTP	Subscriber Date	87		2	S	2100C	1		
DTP01	Date/Time Qualifier		ID	3-3	R			102, 307, 435, 472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DTP03	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	Cannot be greater than current system date.
Example: DTP*307*D8*20060101~									
EQ	Subscriber Eligibility or Benefit Inquiry Information	89		1	S	2110C	99		
EQ01	Service Type Code		ID	1-2	S			See ASC X12N Implementation Guide	All valid 270/271 EQ01 codes are accepted.
EQ02	Composity Medical Procedure Identifier								
EQ02 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CJ, HC, ID, IV,N4, ZZ	
EQ02 - 2	Product/Service ID		AN	1-48	R				
EQ02 - 3	Procedure Modifier		AN	2-2	S				
EQ02 - 4	Procedure Modifier		AN	2-3	S				
EQ02 - 5	Procedure Modifier		AN	2-4	S				
EQ02 - 6	Procedure Modifier		AN	2-5	S				
EQ02 - 7	Description		AN	1-80	N/U				
EQ03	Coverage Level Code		ID	3-3	S			CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Not necessary to be sent on 270 but will be returned on the 271.
EQ04	Insurance Type Code		ID	1-3	S			AP, C1, CO, GP, HM, HN, IP, MA, MB, MC, PR, PS, SP, WC	Not necessary to be sent on 270 but will be returned on the 271.
Example: EQ*30**FAM*GP~									
AMT	Subscriber Spend Down Amount	99		2	S	2110C	1		
AMT01	Amount Qualifier Code		ID	1-3	R			R	
AMT02	Monetary Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
Example: AMT*R*37.5~									
III	Subscriber Eligibility or Benefit Additional Inquiry Information	101		10	S	2110C	10		HCSC recommends using to get specific benefit level information
III01	Code List Qualifier Code		ID	1-3	R			BF, BK, ZZ	ZZ
III02	Industry Code		AN	1-30	R			If BF or BK - code source 131 - diagnosis. If ZZ - code source 237 - Place of Service	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 25 Birthing Center 99 Other Unlisted Facility
III03	Code Category		ID	2-2	N/U				
III04	Free-Form Message Text		AN	1-264	N/U				
III05	Quantity		R	1-15	N/U				
III06	Composite Unit of Measure				N/U				
III07	Surface/Layer/Position Code		ID	2-2	N/U				

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
III08	Surface/Layer/Position Code		ID	2-2	N/U				
III09	Surface/Layer/Position Code		ID	2-2	N/U				
Example: III*BK*486~									
REF	Subscriber Additional Information	104		1	S	2110C	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Reference Identification		AN	1-30	R				Prior Authorization or Referral Number
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
Example: REF*9F*660415~									
DTP	Subscriber Eligibility/Benefit Date	106		1	S	2110C	9		
DTP01	Date/Time Qualifier		ID	3-3	R			307, 435, 472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DTP03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD-CCYYMMDD	Cannot be greater than current system date.
Example: DTP*307*D8*20060110~									
HL	Dependent Level	108		1	S	2000D	1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	R			0	
Example: HL*4*3*23*0~									
TRN	Dependent Trace Number	112		2	S	2000D	9		
TRN01	Trace Type Code		ID	1-2	R			1	
TRN02	Reference Identification		AN	1-30	R				
TRN03	Originating Company Identifier		AN	10-10	R				
TRN04	Reference Identification		AN	1-30	S				
Example: TRN*1*987654321*9123456781*EDITRXN~									
NM1	Dependent Name	114		1	R	2100D	1		
NM101	Entity Identifier Code		ID	2-3	R			03	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Name Last		AN	1-35	S				Dependent last name.
NM104	Name First		AN	1-25	S				Dependent first name.
NM105	Name Middle		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
Example: NM1*03*1*SMITH*MARY LOU*R~									
REF	Dependent Additional Identification	116		9	S	2100D	1		
REF01	Reference Identification Qualifier		ID	2-3	R			18, 1L, 6P, A6, CT, EA, EJ, F6, GH, HJ, IF, IG, N6, SY	HCSC prefers 6P.
REF02	Reference Identification		AN	1-30	R				Group Number as indicated on ID card.
REF03	Description		AN	1-80	S				
REF04	Reference Identifier				N/U				
Example: REF*6P*660415~									
N3	Dependent Address	118		1	S	2100D	1		
N301	Address Information		AN	1-55	R				
N302	Address Information		AN	1-56	S				
Example: N3*4433 NOEL DRIVE*APT 215~									
N4	Dependent City/State/Zip Code	119		1	S	2100D	1		
N401	City Name		AN	2-30	R				
N402	State or Province Code		ID	2-2	R				Must be valid United States Postal Service abbreviation.

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
N403	Postal Code		ID	3-15	R				Must be valid United States Postal Service zip code for the state in N402.
N404	Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Qualifier		AN	1-30	N/U				
Example: N4*DALLAS*TX*75225~									
PRV	Provider Information	121		1	S	2100D	1		HCSC recommends using to get specific benefit level information
PRV01	Provider Code		ID	1-3	R			AD, AT, BI, CO, CV, H, HH, LA, OT, P1, P2, PC, PE, R, RF, SB, SK, SU	BI Billing CO Consulting H Hospital HH Home Health Care LA Laboratory P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic SK Skilled Nursing Facility
PRV02	Reference Identification Qualifier		ID	2-3	R			9K, D3, EI, HPI, SY, TJ, ZZ	ZZ
PRV03	Reference Identification		AN	1-30	R				PRV03="19320000X"
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
Example: PRV*PE*9K*0058KB~									
DMG	Dependent Demographic Information	124		1	S	2100D	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	S			D8	
DMG02	Date of Birth		AN	1-35	S			CCYYMMDD	Cannot be greater than current system date.
DMG03	Gender Code		ID	1-1	S			F,M	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
Example: DMG*D8*19431121*F~									
INS	Dependent Relationship	126		1	S	2100D	1		
INS01	Yes/No Condition or Response Code		ID	1-1	R			N	
INS02	Individual Relationship Code		ID	2-2	R			01, 19, 34	
INS03	Maintenance Type Code		ID	3-3	N/U				
INS04	Maintenance Reason Code		ID	2-3	N/U				
INS05	Benefit Status Code		ID	1-1	N/U				
INS06	Medicare Plan Code		ID	1-1	N/U				
INS07	COBRA Qualifying		ID	1-2	N/U				
INS08	Employment Status Code		ID	2-2	N/U				
INS09	Student Status Code		ID	1-1	N/U				
INS10	Yes/No Condition or Response Code		ID	1-1	N/U				
INS11	Date Time Period Format Qualifier		ID	2-3	N/U				
INS12	Date Time Period		AN	1-35	N/U				
INS13	Confidentiality Code		ID	1-1	N/U				
INS14	City Name		AN	2-30	N/U				
INS15	State or Province Code		ID	2-2	N/U				
INS16	Country Code		ID	2-3	N/U				
INS17	Number (Birth Sequence)		NO	1-9	S				Used to indicate order of multiple births.
Example: INS*N*01~									
DTP	Dependent Date	129		1	S	2100D	1		
DTP01	Date/Time Qualifier		ID	3-3	R			102, 307, 435, 472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
DPT03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD- CCYYMMDD	
Example: DTP*307*D8*20060110~									
EQ	Dependent Eligibility or Benefit Inquiry Information	131		1	S	2110D	99		
EQ01	Service Type Code		ID	1-2	S			See ASC X12N Implementation Guide	All valid 270/271 EQ01 codes are accepted.
EQ02	Composity Medical Procedure Identifier								
EQ02 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CJ, HC, ID, IV,N4, ZZ	
EQ02 - 2	Product/Service ID		AN	1-48	R				
EQ02 - 3	Procedure Modifier		AN	2-2	S				
EQ02 - 4	Procedure Modifier		AN	2-3	S				
EQ02 - 5	Procedure Modifier		AN	2-4	S				
EQ02 - 6	Procedure Modifier		AN	2-5	S				
EQ02 - 7	Description		AN	1-80	N/U				
EQ03	Coverage Level Code		ID	3-3	S			CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Not necessary to be sent on 270 but will be returned on the 271.
EQ04	Insurance Type Code		ID	1-3	S			AP, C1, CO, GP, HM, IP, OT, PR, PS, SP, WC	Not necessary to be sent on 270 but will be returned on the 271.
Example: EQ*30**FAM*GP~									
III	Dependent Eligibility or Benefit Additional Inquiry Information	140		10	S	2110D	10		HSCS recommends using to get specific benefit level information
III01	Code List Qualifier Code		ID	1-3	R			BF, BK, ZZ	ZZ
III02	Industry Code		AN	1-30	R			If BF or BK - code source 131 - diagnosis. If ZZ - code source 237 - Place of Service.	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 25 Birthing Center 99 Other Unlisted Facility
III03	Code Category		ID	2-2	N/U				
III04	Free-Form Message Text		AN	1-264	N/U				
III05	Quantity		R	1-15	N/U				
III06	Composite Unit of Measure				N/U				
III07	Surface/Layer/Position Code		ID	2-2	N/U				
III08	Surface/Layer/Position Code		ID	2-2	N/U				
III09	Surface/Layer/Position Code		ID	2-2	N/U				
Example: III*BK*486~									
REF	Dependent Additional Information	143		1	R	2110D	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Reference Identification		AN	1-30	R				Prior Authorization or Referral Number
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier		AN	1-80	N/U				
Example: REF*9F*660415~									
DTP	Dependent Eligibility/Benefit Date	145		1	S	2110D	9		
DTP01	Date/Time Qualifier		ID	3-3	R			307, 435, 472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DPT03	Date Time Period		AN	1-35	R			CCYYMMDD OR CCYYMMDD- CCYYMMDD	Cannot be greater than current system date.
Example: DTP*307*D8*20060105~									

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
SE	Transaction Set Trailer	147		1	R		1		
SE01	Number of Included Segments		NO	1-10	R				
SE02	Transaction Set Control Number		AN	4-9	R				Must match ST02.
Example: SE*41*0001~									
GE	Functional Group Trailer	B.10		1	R		1		
GE01	Number of Included Transaction Sets		NO	1-6	R				
GE02	Group Control Number		NO	1-3	R				Must match GS06.
Example: GE*1*1~									
IEA	Interchange Control Trailer	B.7		1	R		1		
IEA01	Number of Included Functional Groups		NO	1-5	R				
IEA02	Interchange Control Number		NO	9-9	R				Must match ISA13.
Example: IEA*1*123456789~									