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**National Electronic Data Interchange
Transaction Set Implementation Guide**

**Health Care
Eligibility Benefit
Inquiry and
Response**

270/271

ASC X12N 270/271 (004010X092A1)

October 2002

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Table of Contents

Introduction..... 5
Modified pages..... 7

1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Eligibility Benefit Inquiry and Response Implementation Guide, originally published May 2000 as 004010X092. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Modifications based on those comments were reflected in a draft version of the Addenda to the X12N 004010X092 Implementation Guide. Since the X12N 004010X092 Implementation Guide is named for use under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process that began on May 31, 2002. Only the modifications noted in the NPRM Draft Addenda were considered in the NPRM and X12N review processes. No changes to the Addenda were necessary based on comments received during the NPRM process and X12N's own review processes. The Addenda was approved for publication by X12N on October 10, 2002. When using the X12N Health Care Eligibility Benefit Inquiry and Response Implementation Guide, originally published May 2000 as 004010X092 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X092A1".

Each of the changes made to the 004010X092 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X092 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Addenda pages may not begin or end at the same place as the original referenced page. Because of this, Addenda pages are not page for page replacements and the original pages should be retained.

Changes in the Addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but these changes are not identified in the Addenda. Changes in the Addenda may also have caused changes to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), again these are not identified in the Addenda.

REQUIRED **NM108** **66** **Identification Code Qualifier** **X** **ID** **1/2**

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the information receiver is a provider and the National Provider ID is mandated for use, code value "XX" must be used. Otherwise, one of the following codes may be used with the following hierarchy applied: Use the first code that applies: "SV", "PP", "FI", "34". The code "SV" is recommended to be used prior to the mandated use of the National Provider ID. If the information receiver is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, use code value "PI". If the information receiver is an employer, use code value "24".

CODE	DEFINITION
24	Employer's Identification Number Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
FI	Federal Taxpayer's Identification Number
PI	Payor Identification Use this code only when the 270/271 transaction sets are used between two payers.
PP	Pharmacy Processor Number
SV	Service Provider Number Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i> See code source 537.

New code value

New code value _____

Code value ND deleted

		N4	National Drug Code in 5-4-2 Format CODE SOURCE 240: National Drug Code by Format			
		ZZ	Mutually Defined NOT ADVISED Use this code only for local codes or interim uses until an appropriate new code is approved.			
REQUIRED	EQ02 - 2	234	Product/Service ID Identifying number for a product or service <i>INDUSTRY: Procedure Code</i> Use this number for the product/service ID as identified by the preceding data element (EQ02-1).	M	AN	1/48
SITUATIONAL	EQ02 - 3	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 4	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 5	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 6	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
NOT USED	EQ02 - 7	352	Description	O	AN	1/80

New code value
Code value ND deleted

		N4	National Drug Code in 5-4-2 Format CODE SOURCE 240: National Drug Code by Format			
		ZZ	Mutually Defined NOT ADVISED Use this code only for local codes or interim uses until an appropriate new code is approved.			
REQUIRED	EQ02 - 2	234	Product/Service ID Identifying number for a product or service <i>INDUSTRY: Procedure Code</i> Use this number for the product/service ID as identified by the preceding data element (EQ02-1).	M	AN	1/48
SITUATIONAL	EQ02 - 3	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 4	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 5	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
SITUATIONAL	EQ02 - 6	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.	O	AN	2/2
NOT USED	EQ02 - 7	352	Description	O	AN	1/80

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

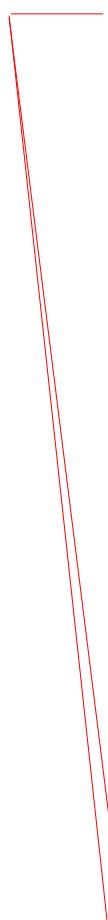
CODE	DEFINITION
18	Plan Number
1L	Group or Policy Number Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes IG or 6P when they can be determined.
1W	Member Identification Number Use only if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.
3H	Case Number
49	Family Unit Number This is the Suffix to the Subscriber's Member Identification Number, which allows the information source to use one identification number as the base number for each family member. The suffix identifies the individual family member. Only the suffix is to be entered here. The Member Identification Number is to be entered in Loop 2100C NM109 or REF02. If the complete Member Identification Number with the suffix is entered in Loop 2100C NM109 or REF02, the suffix should not be entered here.
6P	Group Number
A6	Employee Identification Number
CT	Contract Number This code is to be used only to identify the provider's contract number of the provider identified in the PRV segment of Loop 2100C. This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the Information Receiver identified in Loop 2100B and the Information Source identified in Loop 2100A.
EA	Medical Record Identification Number
EJ	Patient Account Number

New code value ——— CT

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code indentifying the type of provider	M ID 1/3
			CODE	DEFINITION
			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

New code values



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3
<p>Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.</p>				
			CODE	DEFINITION
			18	Plan Number
			1L	Group or Policy Number Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.
			1W	Member Identification Number Use only if Loop 2100D NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.
			49	Family Unit Number This is the suffix to the Dependent's Member Identification Number which allows the information source to use one identification number as the base number for each family member. The suffix identifies the individual family member. Only the suffix is to be entered here. The Member Identification Number is to be entered in Loop 2100C NM109 or REF02. If the complete Member Identification Number with the suffix is entered in Loop 2100D NM109 or REF02, the suffix should not be entered here.
			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 See segment note 2.

New code values

CJ	Current Procedural Terminology (CPT) Codes CODE SOURCE 133: Current Procedural Terminology (CPT) Codes
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format CODE SOURCE 240: National Drug Code by Format
ZZ	Mutually Defined NOT ADVISED Use this code only for local codes or interim uses until an appropriate new code is approved.

New code values
 Code value ND deleted

REQUIRED EB13 - 2

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

INDUSTRY: Procedure Code

Use this ID number for the product/service code as qualified by the preceding data element.

SITUATIONAL EB13 - 3

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

SITUATIONAL EB13 - 4

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

SITUATIONAL EB13 - 5

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code indentifying the type of provider	M ID 1/3
			CODE	DEFINITION
			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

New code values

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1

Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2

Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE

A transmitted value of 12.34 represents a decimal value of 12.34.

New note

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3**Identifier**

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

A.1.3.1.4**String**

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

A.1.3.1.5**Date**

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6**Time**

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

EXAMPLE

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

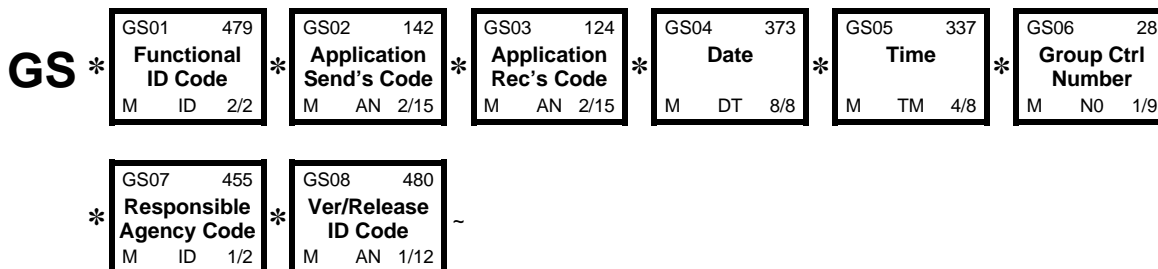
Example: **GS*HB*SENDER CODE*RECEIVER
CODE*19971001*0802*1*X*004010X092A1~** ——— Changed example

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets	M ID 2/2
			CODE	DEFINITION
			HB	Eligibility, Coverage or Benefit Information (271)
			HS	Eligibility, Coverage or Benefit Inquiry (270)
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners	M AN 2/15
			Use this code to identify the unit sending the information.	
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission. Codes agreed to by trading partners	M AN 2/15
			Use this code to identify the unit receiving the information.	
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD SEMANTIC: GS04 is the group date.	M DT 8/8
			Use this date for the functional group creation date.	

REQUIRED GS05 337 **Time** M TM 4/8
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SEMANTIC: GS05 is the group time.

Use this time for the creation time. The recommended format is HHMM.

REQUIRED GS06 28 **Group Control Number** M N0 1/9
Assigned number originated and maintained by the sender

SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

REQUIRED GS07 455 **Responsible Agency Code** M ID 1/2
Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
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X	Accredited Standards Committee X12
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REQUIRED GS08 480 **Version / Release / Industry Identifier Code** M AN 1/12
Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

CODE	DEFINITION
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New code value ———— **004010X092A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. When using the X12N Health Care Eligibility Benefit Inquiry and Response Implementation Guide, originally published May 2000 as 004010X092 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X092A1".**

