A D D E N D A

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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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** *Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.* **CODE SOURCE 540:** Health Care Financing Administration National PlanID
XX	**Health Care Financing Administration National Provider Identifier** *Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.* **See code source 537.**

New code value ———— (pointing to XV)

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** | **M** | **AN** | **1/48**

Identifying number for a product or service

INDUSTRY: *Procedure Code*

Use this number for the product/service ID as identified by the preceding data element (EQ02-1).

SITUATIONAL | **EQ02 - 3** | **1339** | **Procedure Modifier** | **O** | **AN** | **2/2**

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.

SITUATIONAL | **EQ02 - 4** | **1339** | **Procedure Modifier** | **O** | **AN** | **2/2**

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.

SITUATIONAL | **EQ02 - 5** | **1339** | **Procedure Modifier** | **O** | **AN** | **2/2**

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.

SITUATIONAL | **EQ02 - 6** | **1339** | **Procedure Modifier** | **O** | **AN** | **2/2**

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.

NOT USED | **EQ02 - 7** | **352** | **Description** | **O** | **AN** | **1/80**

New code value ————————	**N4**	**National Drug Code in 5-4-2 Format**
		CODE SOURCE **240:** National Drug Code by Format
Code value ND deleted	**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**	**M**	**AN**	**1/48**

Identifying number for a product or service

INDUSTRY: **Procedure Code**

Use this number for the product/service ID as identified by the preceding data element (EQ02-1).

SITUATIONAL	EQ02 - 3	1339	**Procedure Modifier**	**O**	**AN**	**2/2**

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.

SITUATIONAL	EQ02 - 4	1339	**Procedure Modifier**	**O**	**AN**	**2/2**

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SITUATIONAL	EQ02 - 5	1339	**Procedure Modifier**	**O**	**AN**	**2/2**

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.

SITUATIONAL	EQ02 - 6	1339	**Procedure Modifier**	**O**	**AN**	**2/2**

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.

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 ———— (pointing to CT)

REQUIRED   **EB13 - 1**   **235**   **Product/Service ID Qualifier**   **M   ID   2/2**

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

INDUSTRY: **Product or Service ID Qualifier**

Use this code to identify the external code list of the following procedure/service code.

CODE	DEFINITION
AD	**American Dental Association Codes**
	CODE SOURCE 135: American Dental Association Codes
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.

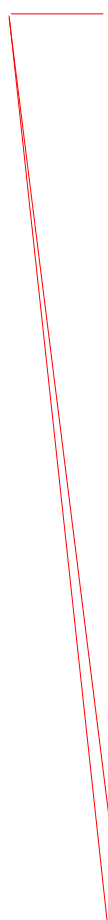**SITUATIONAL**   **EB13 - 3**   **1339**   **Procedure Modifier**   **O   AN   2/2**

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.

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	PRV01	1221	**Provider Code**	M	ID	1/3

Code indentifying the type of provider

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

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 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 (annotation pointing to IV)

Code value ND deleted (annotation)

REQUIRED	**EB13 - 2**	**234**	**Product/Service ID** Identifying number for a product or service	M	AN	1/48
			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** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			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** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			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** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			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**		**M**	**ID**	**1/3**

Code indentifying the type of provider

	CODE	DEFINITION

New code values - - - - - -

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**

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.
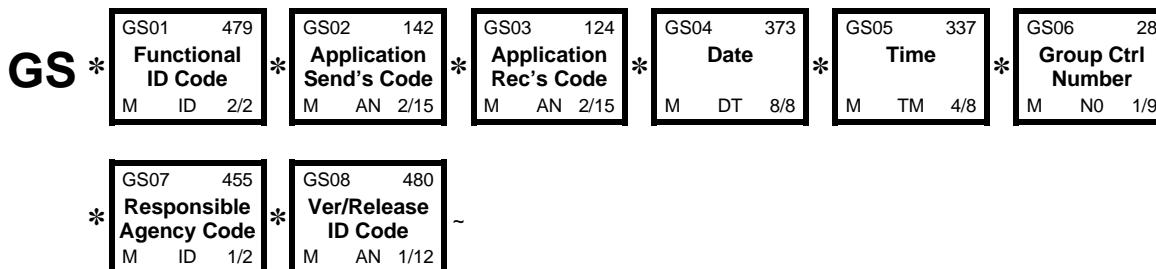
IMPLEMENTATION

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**	**M**	**ID**	**2/2**

Code identifying a group of application related transaction sets

CODE	DEFINITION
HB	**Eligibility, Coverage or Benefit Information (271)**
HS	**Eligibility, Coverage or Benefit Inquiry (270)**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**GS02**	**142**	**Application Sender's Code**	**M**	**AN**	**2/15**

Code identifying party sending transmission; codes agreed to by trading partners

Use this code to identify the unit sending the information.

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**GS03**	**124**	**Application Receiver's Code**	**M**	**AN**	**2/15**

Code identifying party receiving transmission. Codes agreed to by trading partners

Use this code to identify the unit receiving the information.

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**GS04**	**373**	**Date**	**M**	**DT**	**8/8**

Date expressed as CCYYMMDD

SEMANTIC: GS04 is the group date.

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
X	**Accredited Standards Committee X12**

| 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

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".