

270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide

Standard Companion Guide Transaction Information

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010**

Companion Guide Version Number: 1.0

December 15, 2010

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12’s copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

3.1 270/271 Health Care Eligibility Benefit Inquiry and Response

The 270/271 is a paired transaction set used to send and receive eligibility verification requests and responses. The following companion document provides data clarification for the 270/271 Health Care Eligibility Benefit Inquiry and Response (005010X279A1) transaction.

Data/Information	Connecticut Medical Assistance Program Requirements
Valid combinations of client data for eligibility request.	Client ID & SSN Client ID & DOB SSN & DOB SSN & Last Name, First Name, MI DOB & Last Name, First Name, MI

When using the name of the client, it is important to enter the name exactly as the client is listed with the agency. Clients may be registered with two first names, hyphenated names and middle initial. Example, client name of Sister Mary Brown, may be listed with Sister Mary as the first name and Brown as the last name.

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Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA08	Interchange Date		Always "445498161"
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code		"13" – Request
2100A	NM1	Information Source Name		
2100A	NM101	Entity Identifier Code		"PR" – Payer
2100A	NM102	Entity Type Qualifier		"2" – Non-Person Entity
2100A	NM103	Name Last or Organization Name		Organization Name, Suggest using "HP/CTMAP"
2100A	NM108	Identification Code Qualifier		"PI" – Payer Identification
2100A	NM109	Identification Code		"75-2548221"
2100B	NM1	Information Receiver Name		
2100B	NM101	Entity Identifier Code		"1P" – Provider
2100B	NM102	Entity Type Qualifier		"2" – Non-Person Entity

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	NM108	Identification Code Qualifier		"XX" – NPI "SV" - Service Provider Number

Inquiry by Client ID & SSN

Connecticut Medical Assistance Program and ConnPACE. Note: Do not send 2100D or 2110D loop for CT. Patient is subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code		"IL" – Insured or Subscriber
2100C	NM102	Entity Type Qualifier		"1" – Person
2100C	NM108	Identification Code Qualifier		"MI" – Client ID Number
2100C	NM109	Identification Code		Client Identification Number
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier		"SY" – Social Security Number
2100C	REF02	Reference Identification		Social Security Number

Inquiry by Client ID & DOB

Connecticut Medical Assistance Program and ConnPACE. Note: Do not send 2100D or 2110D loop for CT. Patient is subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code		"IL" – Insured or Subscriber
2100C	NM102	Entity Type Qualifier		"1" – Person
2100C	NM108	Identification Code Qualifier		"MI" – Client ID Number
2100C	NM109	Identification Code		Client Identification Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG01	Date Time Period Format Qualifier		"D8" – Date Expressed as CCYYMMDD
2100C	DMG02	Date Time Period		Client Date of Birth

Inquiry by Client SSN & DOB

Connecticut Medical Assistance Program and ConnPACE. Note: Do not send 2100D or 2110D loop for CT. Patient is subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code		"IL" – Insured or Subscriber
2100C	NM102	Entity Type Qualifier		"1" – Person
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier		"SY" – Social Security Number
2100C	REF02	Reference Identification		Client Social Security Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG01	Date Time Period Format Qualifier		"D8" – Date Expressed as CCYYMMDD
2100C	DMG02	Date Time Period		Client Date of Birth

Inquiry by Name and SSN

Connecticut Medical Assistance Program and ConnPACE. Note: Do not send 2100D or 2110D loop for CT. Patient is subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code		"IL" – Insured or Subscriber
2100C	NM102	Entity Type Qualifier		"1" – Person
2100C	NM103	Name Last or Organization Name		Client Last Name
2100C	NM104	Name First		Client First Name
2100C	NM105	Name Middle		Client Middle Initial
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier		"SY" – Social Security Number
2100C	REF02	Reference Identification		Social Security Number

Inquiry by Name and DOB

Connecticut Medical Assistance Program and ConnPACE. Note: Do not send 2100D or 2110D loop for CT. Patient is subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code		"IL" – Insured or Subscriber
2100C	NM102	Entity Type Qualifier		"1" – Person

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM103	Name Last or Organization Name		Client Last Name
2100C	NM104	Name First		Client First Name
2100C	NM105	Name Middle		Client Middle Initial
2100C	DMG	Subscriber Demographic Information		
2100C	DMG01	Date Time Period Format Qualifier		"D8" – Date Expressed as CCYYMMDD
2100C	DMG02	Date Time Period		Client Date of Birth

Following DTP segment can be included for the documented inquiries. If no DTP segment sent for "291" – Eligibility, processing date will be used as eligibility date.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier		"291" – Eligibility
2100C	EQ	Subscriber Eligibility or Benefit Inquiry		
2100C	EQ01	Service Type Code		"30" – Health Benefit Plan Coverage

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Loop ID	Reference	Name	Codes	Notes/Comments
2000A	AAA	Request Validation		
2000A	AAA01	Yes/No Condition or Response Code		"N" – No
2000A	AAA03	Reject Reason Code		"42" – Unable to Respond at Current Time
2100B	AAA	Information Receiver Request Validation		
2100B	AAA01	Yes/No Condition or Response Code		"N" – No
2100B	AAA03	Reject Reason Code		"50" – Provider Ineligible for Inquiries "51" – Provider Not on File

Repeating Segment Begins:

1st Occurrence: Echo Trace Number from 270 Request (The segment is optional in the 270 Request.)

Loop ID	Reference	Name	Codes	Notes/Comments
2000C	TRN	Subscriber Trace Number		
2000C	TRN01	Trace Type Code		"2" – Referenced Transaction Trace Numbers
2000C	TRN02	Reference Identification		This will be equal to the value in the 2000C – TRN02 data element that was received on the 270 request.
2000C	TRN03	Originating Company Identifier		This will be equal to the value in the 2000C – TRN03 data element that was received on the 270 request.

2nd Occurrence: Interchange MMIS Assigned Trace Number

Loop ID	Reference	Name	Codes	Notes/Comments
2000C	TRN	Subscriber Trace Number		
2000C	TRN01	Trace Type Code		"1" – Current Transaction Trace Numbers
2000C	TRN02	Reference Identification		Sender Assigned Trace Number
2000C	TRN03	Originating Company Identifier		Always "9445498161"

Repeating Segment Begins:

1st Occurrence: Patient Account Number from 270 Request (The segment is optional in the 270 Request.)

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier		"EJ" – Patient Account Number

2nd Occurrence: Social Security Number from 270 Request (The segment is optional in the 270 Request.)

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier		"SY" – Social Security Number
2100C	AAA	Subscriber Request Validation		
2100C	AAA01	Yes/No Condition or Response Code		"N" – No
2100C	AAA03	Reject Reason Code		Refer to Implementation Guide for Reject Reason Code and Definition.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		Client Birth Date. Client Birth Date is returned in 271 response when client match is found.
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier		"307" – Eligibility, "346" – Plan Begin, For Multiple Plans, CT will return only DTP qualifier "307" with RD8 at this loop.
2100C	DTP02	Date Time Period Format Qualifier		"D8" – Date Expressed as CCYYMMDD if Qualifier 346 or "RD8" – Date Expressed as CCYYMMDD-CCYYMMDD if qualifier 307

Repeating Eligibility Segment Begins - Subscriber Eligibility: Active coverage

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"1" – Active Coverage
2110C	EB03	Service Type Code		"30" – Health Benefit Plan Coverage
2110C	EB04	Insurance Type Code		See list of valid Insurance Type Codes page 298-299 271 Implementation guide
2110C	EB05	Plan Coverage Description		Description of benefit plan
2110C	DTP	Subscriber Date		
2110C	DTP01	Date/Time Qualifier		"307" – Eligibility, "346" – Plan Begin, For Multiple Plans, CT will return only DTP qualifier "307" with RD8 at this loop.
2110C	DTP02	Date Time Period Format Qualifier		"D8" – Date Expressed as CCYYMMDD if Qualifier 346 or "RD8" – Date Expressed as CCYYMMDD-CCYYMMDD if qualifier 307
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text		Additional information about the CT Plans. HUSKY A. For Behavioral Health Services, call BHP at 877-552-8247., HUSKY B. For Behavioral Health Services, call BHP at 877-552-8247., Limited Behavioral Health Services only. Contact CT BHP at 877-552-8247, Drug coverage only, under the CADAP Program, CT Home Care Community Based Case Managed State Funded, Charter Oak. For Behavioral Health Services, call BHP at 877-286-2524, Drug coverage only, under the ConnPACE Program, State Administered General Assistance Services. For non-hospital services contact CHN at 866-361-7242, and QMB - Medicare Covered Services

Repeating Eligibility Segment Begins - Subscriber Eligibility: Inactive - no current coverage

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"6" – Inactive
2110C	EB03	Service Type Code		"30" – Health Benefit Plan Coverage
2110C	DTP	Subscriber Date		
2110C	DTP01	Date/Time Qualifier		"307" – Eligibility Will reflect the dates for the 270from Qualifier 291 or the date of the transaction if no DTP sent in the 270
2110C	DTP02	Date Time Period Format Qualifier		"RD8" – Date Expressed as CCYYMMDD-CCYYMMDD if qualifier 307

Service Type Code

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"1" – Active Coverage "6" - Inactive
2110C	EB03	Service Type Code		May repeat up to 35 times for CT. CT values: "01" =Medical Care, "4" =DX X-Ray, "5" =DX Lab, "33" =Chiropractic, "35" =Dental Care, "47" =Hospital, "86" =Emergency Services, "88" =Pharmacy, "98" =Professional (Physician) Visit-Office, "AL" =Vision (Optometry), "MH" =Mental Health, "UC" =Urgent Care, "42" =Home Health Care, "45" =Hospice, "54" =Long Term Care, "56" =Medically Related Transportation, "75" =Prosthetic Device, "82" =Family Planning, "93" =Podiatry, "AD" =Occupational Therapy, "AF" =Speech Therapy, "DM" =Durable Medical Equipment, "PT"

Loop ID	Reference	Name	Codes	Notes/Comments
				=Physical Therapy, and "RT" =Residential Psychiatric Treatment

MCO – Note: Data in the 2120C loop reflects basic information about other payer or plans. The receiver should initiate a separate request to the other payer or plan to determine level of coverage.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	LS	Loop Header		
2110C	LS101	Loop Identifier Code		"2120"
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code		"Y2" – Managed Care Organization
2120C	NM102	Entity Type Qualifier		"2" – Non-Person Entity if MCO
2120C	NM103	Name Last or Organization Name		MCO Organization Name
2120C	PER	Subscriber Benefit Related Entity		
2120C	PER01	Contact Function Code		"IC"
2120C	PER03	Communication Number Qualifier		"TE"
2120C	PER04	Communication Number		Phone number of MCO
2110C	LE	Loop Trailer		
2110C	LE01	Loop Identifier Code		"2120"

PCP Information Note: Data in the 2120C loop reflects basic information about other payer or plans. The receiver should initiate a separate request to the other payer or plan to determine level of coverage.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"L" Primary Care Provider.
2110C	EB05	Plan Coverage Description		Description of benefit plan
2110C	LS	Loop Header		
2110C	LS101	Loop Identifier Code		"2120"
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code		"P3" – Primary Care Provider

Loop ID	Reference	Name	Codes	Notes/Comments
2120C	NM102	Entity Type Qualifier		"1" – Person
2120C	NM103	Name Last or Organization Name		PCP Last Name
2120C	NM104	Name First		PCP First Name
2120C	NM105	Name Middle		PCP Middle Initial
2120C	NM108	Identification Code Qualifier		"XX" – National Provider Identifier
2120C	NM109	Identification Code		NPI number
2120C	PER	Subscriber Benefit Related Entity		
2120C	PER01	Contact Function Code		"IC"
2120C	PER03	Communication Number Qualifier		"TE"
2120C	PER04	Communication Number		Phone number of PCP
2110C	LE	Loop Trailer		
2110C	LE01	Loop Identifier Code		"2120"

Other Insurance/Medicare Note: Data in the 2120C loop reflects basic information about other payer or plans. The receiver should initiate a separate request to the other payer or plan to determine level of coverage.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"R" – Other Or Additional Payer
2110C	LS	Loop Header		
2110C	LS101	Loop Identifier Code		"2120"
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code		"PR" – Payer
2120C	NM102	Entity Type Qualifier		"2" – Non Person
2120C	NM103	Name Last or Organization Name		Other Insurance Company Name
2120C	NM108	Identification Code Qualifier		"PI" – Payer Identification
2120C	NM109	Identification Code		Insurance Carrier Code
2110C	LE	Loop Trailer		
2110C	LE01	Loop Identifier Code		"2120"

Pharmacy/Lock In Information Note: Data in the 2120C loop reflects basic information about other payer or plans. The receiver should initiate a separate request to the other payer or plan to determine level of coverage.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"N" - Services Restricted to Following Provider
2110C	EB05	Plan Coverage Description		Description of benefit plan
2110C	LS	Loop Header		
2110C	LS101	Loop Identifier Code		"2120"
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code		"1P" – Provider
2120C	NM102	Entity Type Qualifier		"1" – Person
2120C	NM103	Name Last or Organization Name		Lock in / Pharmacy Last Name
2120C	NM104	Name First		Lock in First Name
2120C	NM105	Name Middle		Lock in Middle Initial
2120C	NM108	Identification Code Qualifier		"XX" – National Provider Identifier
2120C	NM109	Identification Code		NPI number
2120C	PER	Subscriber Benefit Related Entity		
2120C	PER01	Contact Function Code		"IC"
2120C	PER03	Communication Number Qualifier		"TE"
2120C	PER04	Communication Number		Phone number
2110C	LE	Loop Trailer		
2110C	LE01	Loop Identifier Code		"2120"

Hospice/Hospital Information Note: Data in the 2120C loop reflects basic information about other payer or plans. The receiver should initiate a separate request to the other payer or plan to determine level of coverage.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB01	Eligibility or Benefit Information Code		"X" - Health Care Facility
2110C	EB05	Plan Coverage Description		Description of benefit plan
2110C	LS	Loop Header		

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	LS101	Loop Identifier Code		"2120"
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code		"FA" – Facility
2120C	NM102	Entity Type Qualifier		"1" – Person
2120C	NM103	Name Last or Organization Name		Facility Last Name
2120C	NM108	Identification Code Qualifier		"XX" – National Provider Identifier
2120C	NM109	Identification Code		NPI number
2120C	PER	Subscriber Benefit Related Entity		
2120C	PER01	Contact Function Code		"IC"
2120C	PER03	Communication Number Qualifier		"TE"
2120C	PER04	Communication Number		Phone number
2110C	LE	Loop Trailer		
2110C	LE01	Loop Identifier Code		"2120"

4 TI Change Summary

Not applicable; V1.0