



## **CareSource**

### HIPAA Transaction Standard Companion Guide

### CareSource 270/271 Eligibility Benefit Inquiry/Response 5010 Companion Guide

Refers to the Implementation Guides based on ASC X12 version 005010

Companion Guide Version Number: 1.0

## **Preface**

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareSource. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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## 1. INTRODUCTION

This document is intended as a companion to the errata Health Care Eligibility Benefit Inquiry (270) ASC X12N/005010X279E1, published in January 2009, and the Health Care Eligibility Benefit Response (271) Implementation Guide (IG) ASC X12N/005010X279, originally published April 2008. This Companion Guide will give CareSource specific guidelines for processing certain scenarios of eligibility inquiries that the Implementation Guides can't provide. This clarifying information will be listed in a table format consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guide. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a subset of the Implementation Guides internal code listing
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource

### Scope

The Companion Guide is intended to be used as a supplement of the Implementation Guides.

### Overview

This Companion Guide clarifies what CareSource looks for in specific loops/segments under specific scenarios on a eligibility inquiry or response.

### References

This Companion Guide supplements errata and IG documents "270/271 Eligibility Inquiry and Response", which are published by the **Washington Publishing Company [www.wpc-edi.com](http://www.wpc-edi.com)**.

## ADDITIONAL INFORMATION

### 2. GETTING STARTED

#### WORKING WITH CARESOURCE

Please email CareSource's EDI department at [EDIServices@caresource.com](mailto:EDIServices@caresource.com) to initiate interaction regarding questions/comments/clarifications needed regarding this Companion Guide.

#### TRADING PARTNER REGISTRATION

#### CERTIFICATION AND TESTING OVERVIEW

### 3. TESTING WITH THE PAYER

#### **4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

If you have not been set up for a testing account, the CareSource EDI Specialists can provide you with information on:

- PROCESS FLOWS AND PASSWORDS
- TRANSMISSION ADMINISTRATIVE PROCEDURES
- RE-TRANSMISSION PROCEDURE
- COMMUNICATION PROTOCOL SPECIFICATIONS
- DOWNTIMES FOR SERVER MAINTENANCE WILL BE NOTIFIED VIA EMAIL

#### **5. CONTACT INFORMATION**

- EDI CUSTOMER SERVICE:
- EDI TECHNICAL ASSISTANCE: EDIServices@caresource.com
- PROVIDER SERVICES NUMBER: 1-800-488-0134
- APPLICABLE WEBSITE: [www.caresource.com](http://www.caresource.com)

#### **6. CONTROL SEGMENTS / ENVELOPES**

Specific requirements/expectations, based on transaction type, will be communicated by the EDI department during the life cycle requirements phase for the following:

- ISA-IEA Interchange Control
- GS-GE Functional Group
- ST-SE Transaction Set

#### **7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

Please refer to the Notes/Comments column in section “Transaction Specific Information.”

#### **8. ACKNOWLEDGEMENTS AND/OR REPORTS**

Inbound 270 will receive the outbound 271 Response or a 999 acknowledgement.

#### **9. TRADING PARTNER AGREEMENTS**

##### **TRADING PARTNERS**

An EDI Trading Partner is defined as any CareSource customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from CareSource.

**10. TRANSACTION SPECIFIC INFORMATION – 270 Eligibility Benefit Inquiry**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		BHT	<b>Beginning of Hierarchical Transaction</b>			
63		BHT01	Hierarchical Structure Code	0022	4	Information Source/Receiver, Subscriber, Dependent
64		BHT02	Transaction Set Purpose Code	01,13	2	Cancellation, Request
64		BHT03	Reference Identification		50	
64		BHT04	Date		8	
65		BHT05	Time		8	
65		BHT06	Transaction Type Code	RT	2	Spend Down
66	2000A	HL	<b>Information Source Level</b>			
67	2000A	HL01	Hierarchical ID Number		12	
67	2000A	HL03	Hierarchical Level Code	20	2	Information Source
68	2000A	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
69	2100A	NM1	<b>Information Source Name</b>			
69	2100A	NM101	Entity Identifier Code	2B,36,GP, P5,PR	3	Third Party Administrator, Employer, Gateway Provider, Plan Sponsor, Payer
70	2100A	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
70	2100A	NM103	Organization Name		60	

70	2100A	NM104	Name First		35	
70	2100A	NM105	Name Middle		35	
71	2100A	NM107	Name Suffix		10	
71	2100A	NM108	Identification Code Qualifier	24,46,FI,NI,PI,XV,XX	2	Employer's ID Number, ETIN, Federal TIN, NAIC ID, Payor ID, CMS Plan ID, CMS NPI
71	2100A	NM109	Identification Code		80	
72	2000B	HL	<b>Information Receiver Level</b>			
73	2000B	HL01	Hierarchical ID Number		12	
73	2000B	HL02	Hierarchical Parent ID Number		12	
74	2000B	HL03	Hierarchical Level Code	21	2	Information Receiver
74	2000B	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
75	2100B	NM1	<b>Information Receiver Name</b>			
75	2100B	NM101	Entity Identifier Code	1P,2B,36,80,FA,GP,P5,PR	3	Provider, Third Party Administrator, Employer, Hospital, Facility, Gateway Provider, Plan Sponsor, Payer
76	2100B	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
76	2100B	NM103	Organization Name		60	
76	2100B	NM104	Name First		35	
76	2100B	NM105	Name Middle		25	

77	2100B	NM107	Name Suffix		10	
	2100B	NM108	Identification Code Qualifier	24,34,FI,PI,PP,SV,XV,XX	2	Employer's ID Number, SSN, Federal TIN, Payor ID, Pharmacy Processor Number, Service Provider Number, CMS Plan ID, CMS NPI
78	2100B	NM109	Identification Code		80	
79	2100B	REF	<b>Information Receiver Additional Identification</b>			
	2100B	REF01	Reference Identification Qualifier	0B,1C,1D,1J,4A,CT,EL,EO,HPI,JD,N5,N7,Q4,SY,TJ	3	
80	2100B	REF02	Reference Identification		50	
80	2100B	REF03	Description		80	
81	2100B	N3	<b>Information Receiver Address</b>			
81	2100B	N301	Address Information		55	
81	2100B	N302	Address Information		55	
82	2100B	N4	<b>Information Receiver City, State, Zip Code</b>			
82	2100B	N401	City Name		30	
83	2100B	N402	State		2	
83	2100B	N403	Zip Code		15	
84	2100B	PRV	<b>Information Receiver Provider Information</b>			
84	2100B	PRV01	Provider Code	AD,AT,BI,CO,CV,H,HH,LA,OT,P1,P2,PC,	3	



				PE,R,RF,S B,SK,SU		
85	2100B	PRV02	Reference Identification Qualifier		3	
85	2100B	PRV03	Reference Identification		50	
86	2000C	HL	<b>Subscriber Level</b>			
88	2000C	HL01	Hierarchical ID Number		12	
88	2000C	HL02	Hierarchical Parent ID Number		12	
89	2000C	HL03	Hierarchical Level Code	22	2	Subscriber
89	2000C	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
90	2000C	TRN	<b>Subscriber Trace Number</b>			
90	2000C	TRN01	Trace Type Code	1	2	Current Transaction Trace Numbers
91	2000C	TRN02	Reference Identification		50	
91	2000C	TRN03	Originating Company Identifier		10	
91	2000C	TRN04	Reference Identification		50	
92	2100C	NM1	<b>Subscriber Name</b>			
92	2100C	NM101	Entity Identifier Code	IL	3	Insured or Subscriber
93	2100C	NM102	Entity Type Qualifier	1	1	Person
93	2100C	NM103	Organization Name		60	
93	2100C	NM104	Name First		35	

94	2100C	NM105	Name Middle		25	
94	2100C	NM107	Name Suffix		10	
95	2100C	NM108	Identification Code Qualifier	II,MI	2	Standard Unique Health Identifier for each Individual in the United States, Member ID Number
96	2100C	NM109	Identification Code		80	
97	2100C	REF	<b>Subscriber Additional Identification</b>			
98	2100C	REF01	Reference Identification Qualifier	18,1L,1W,3H,6P,CT,EA,EJ,F6,GH,HJ,IG,N6,NQ,SY,Y4	3	
99	2100C	REF02	Reference Identification		50	
100	2100C	N3	<b>Subscriber Address</b>			
100	2100C	N301	Address Information		55	
100	2100C	N302	Address Information		55	
101	2100C	N4	<b>Subscriber City, State, Zip Code</b>			
101	2100C	N401	City Name		30	
102	2100C	N402	State		2	
102	2100C	N403	Zip Code		15	
103	2100C	PRV	<b>Provider Information</b>			

104	2100C	PRV01	Provider Code	AD,AT,BI, CO,CV,H, HH,LA,OT, P1,P2,PC, PE,R,RF,S K,SU	3	
105	2100C	PRV02	Reference Identification Qualifier	9K,D3,EI,H PI,PXC,SY ,TJ	3	
106	2100C	PRV03	Reference Identification		50	
107	2100C	DMG	<b>Subscriber Demographic Information</b>			
108	2100C	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
108	2100C	DMG02	Date Time Period		35	
109	2100C	DMG03	Gender Code	F,M	1	Female, Male
110	2100C	INS	<b>Multiple Birth Sequence Number</b>			
111	2100C	INS01	Response Code	Y	1	Yes
111	2100C	INS02	Individual Relationship Code	18	2	Self
112	2100C	INS17	Number		9	
113	2100C	HI	<b>Subscriber Health Care Diagnosis Code</b>			
114	2100C	HI01	Health Care Code Information			
114	2100C	HI01-1	Code List Qualifier Code	ABK	3	ICD-10-CM Principal Diagnosis
114	2100C	HI01-2	Industry Code		30	
115	2100C	HI02-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis

115	2100C	HI02-2	Industry Code		30	
116	2100C	HI03-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
116	2100C	HI03-2	Industry Code		30	
117	2100C	HI04-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
117	2100C	HI04-2	Industry Code		30	
118	2100C	HI05-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
118	2100C	HI05-2	Industry Code		30	
119	2100C	HI06-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
119	2100C	HI06-2	Industry Code		30	
120	2100C	HI07-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
120	2100C	HI07-2	Industry Code		30	
121	2100C	HI08-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
121	2100C	HI08-2	Industry Code		30	
122	2100C	DTP	<b>Subscriber Date</b>			
123	2100C	DTP01	Date/Time Qualifier	102,291	3	Issue,Plan
123	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
123	2100C	DTP03	Date Time Period		35	
124	2110C	EQ	<b>Subscriber Eligibility or Benefit Inquiry</b>			
131	2110C	EQ02-1	Product/Service ID Qualifier	AD,CJ,HC, ID,IV,N4,Z Z	2	

131	2110C	EQ02-2	Product/Service ID		48		
134	2110C	EQ05-1	Diagnosis Code Pointer		2		
136	2110C	AMT	<b>Subscriber Spend Down Amount</b>				
136	2110C	AMT01	Amount Qualifier Code	R	3	Spend Down	
136	2110C	AMT02	Monetary Amount		18		
136	2110C	AMT03	Credit/Debit Flag Code		1		
137	2110C	AMT	<b>Subscriber Spend Down Total Billed Amount</b>				
137	2110C	AMT01	Amount Qualifier Code	PB	3	Billed Amount	
137	2110C	AMT02	Monetary Amount		18		
137	2110C	AMT03	Credit/Debit Flag Code		1		
138	2110C	III	<b>Subscriber Eligibility or Benefit Additional Inquiry Information</b>				
139	2110C	III01	Code List Qualifier Code	ZZ	3	Mutually Defined	
				01,03,04,0 5,06,07,08, 11,12,13,1 4,15,20,21, 22,23,24,2 5,26,31,32, 33,34,41,4 2,49,50,51, 52,53,54,5 5,56,57,60, 61,62,65,7 1,72,81,99			
140	2110C	III02	Industry Code		30		
142	2110C	REF	<b>Subscriber Additional Information</b>				
142	2110C	REF01	Reference Identification Qualifier	9F,G1	3	Referral Number, Prior Authorization Number	

142	2110C	REF02	Reference Identification		50	
144	2110C	DTP	<b>Subscriber Eligibility /Benefit Date</b>			
144	2110C	DTP01	Date/Time Qualifier	291	3	Plan
145	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
145	2110C	DTP03	Date Time Period		35	
146	2000D	HL	<b>Dependent Level</b>			
147	2000D	HL01	Hierarchical ID Number		12	
148	2000D	HL02	Hierarchical Parent ID Number		12	
148	2000D	HL03	Hierarchical Level Code	23	2	Dependent
148	2000D	HL04	Hierarchical Child Code	0	1	No Subordinate HL Segment in this Hierarchical Structure
149	2000D	TRN	<b>Dependent Trace Number</b>			
149	2000D	TRN01	Trace Type Code	1	2	Current Transaction Trace Numbers
150	2000D	TRN02	Reference Identification		50	
150	2000D	TRN03	Originating Company Identifier		10	
150	2000D	TRN04	Reference Identification		50	
151	2100D	NM1	<b>Dependent Name</b>			
151	2100D	NM101	Entity Identifier Code	03	3	Dependent
152	2100D	NM102	Entity Type Qualifier	1	1	Person
152	2100D	NM103	Organization Name		60	
152	2100D	NM104	Name First		35	
153	2100D	NM105	Name Middle		25	
153	2100D	NM107	Name Suffix		10	

154	2100D	REF	<b>Dependent Additional Identification</b>			
154	2100D	REF01	Reference Identification Qualifier	18,1L,6P,C T,EA,EJ,F 6,GH,HJ,IF ,IG,MRC,N 6,SY,Y4	3	
156	2100D	REF02	Reference Identification		50	
157	2100D	N3	<b>Dependent Address</b>			
157	2100D	N301	Address Information		55	
157	2100D	N302	Address Information		55	
158	2100D	N4	<b>Dependent City, State, Zip Code</b>			
158	2100D	N401	City Name		30	
159	2100D	N402	State		2	
159	2100D	N403	Zip Code		15	
160	2100D	PRV	<b>Provider Information</b>			
161	2100D	PRV01	Provider Code	AD,AT,BI, CO,CV,H, HH,LA,OT, P1,P2,PC, PE,R,RF,S K,SU	3	
162	2100D	PRV02	Reference Identification Qualifier	9K,D3,EI,H PI,PXC,SY ,TJ	3	
163	2100D	PRV03	Reference Identification		50	
164	2100D	DMG	<b>Dependent Demographic Information</b>			
165	2100D	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
165	2100D	DMG02	Date Time Period		35	
166	2100D	DMG03	Gender Code	F,M	1	Female, Male
167	2100D	INS	<b>Dependent Relationship</b>			

168	2100D	INS01	Response Code	N	1	No
168	2100D	INS02	Individual Relationship Code	01,19,34	2	Spouse, Child, Other Adult
169	2100D	INS17	Number		9	
170	2100D	HI	<b>Dependent Health Care Diagnosis Code</b>			
171	2100D	HI01	Health Care Code Information			
171	2100D	HI01-1	Code List Qualifier Code	ABK	3	ICD-10-CM Principal Diagnosis
171	2100D	HI01-2	Industry Code		30	
172	2100D	HI02-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
172	2100D	HI02-2	Industry Code		30	
173	2100D	HI03-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
173	2100D	HI03-2	Industry Code		30	
174	2100D	HI04-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
174	2100D	HI04-2	Industry Code		30	
175	2100D	HI05-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
175	2100D	HI05-2	Industry Code		30	
176	2100D	HI06-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
176	2100D	HI06-2	Industry Code		30	
177	2100D	HI07-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
177	2100D	HI07-2	Industry Code		30	
178	2100D	HI08-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
178	2100D	HI08-2	Industry Code		30	
179	2100D	DTP	<b>Dependent Date</b>			
180	2100D	DTP01		102,291	3	Issue, Plan



			Date/Time Qualifier			
180	2100D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
180	2100D	DTP03	Date Time Period		35	
181	2110D	EQ	<b>Dependent Eligibility or Benefit Inquiry</b>			
187	2110D	EQ02-1	Product/Service ID Qualifier	AD,CJ,HC, ID,IV,N4,Z Z	2	
188	2110D	EQ02-2	Product/Service ID		48	
191	2110D	EQ05-1	Diagnosis Code Pointer		2	
192	2110D	III	<b>Dependent Eligibility or Benefit Additional Inquiry Information</b>			
193	2110D	III01	Code List Qualifier Code	ZZ	3	Mutually Defined
194	2110D	III02	Industry Code	01,03,04,0 5,06,07,08, 11,12,13,1 4,15,20,21, 22,23,24,2 5,26,31,32, 33,34,41,4 2,49,50,51, 52,53,54,5 5,56,57,60, 61,62,65,7 1,72,81,99	30	
196	2110D	REF	<b>Dependent Additional Information</b>			
	2110D	REF01	Reference Identification Qualifier	9F,G1	3	Referral Number, Prior Authorization Number
197	2110D	REF02	Reference Identification		50	
198	2110D	DTP	<b>Dependent Eligibility/Benefit Date</b>			

198	2110D	DTP01	Date/Time Qualifier	291	3	Plan
199	2110D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
199	2110D	DTP03	Date Time Period		35	
200		SE	<b>Transaction Set Trailer</b>			
200		SE01	Number of Included Segments		10	
200		SE02	Transaction Set Control Number		9	

**TRANSACTION SPECIFIC INFORMATION – 271 Eligibility Benefit Response**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	<b>Transaction Set Header</b>			
209		ST01	Transaction Set Identifier Code	271	3	Eligibility, Coverage or Benefit Information
209		ST02	Transaction Set Control Number		9	
210		ST03	Implementation Convention Reference		35	
211		BHT	<b>Beginning of Hierarchical Transaction</b>			
211		BHT01	Hierarchical Structure Code	0022	4	Information Source/Receiver, Subscriber, Dependent
211		BHT02	Transaction Set Purpose Code	06,11	2	Confirmation, Response
212		BHT03	Reference Identification		50	
212		BHT04	Date		8	
212		BHT05	Time		8	
213	2000A	HL	<b>Information Source Level</b>			
214	2000A	HL01	Hierarchical ID Number		12	
214	2000A	HL03	Hierarchical Level Code	20	2	Information Source
214	2000A	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
215	2000A	AAA	<b>Request Validation</b>			
215	2000A	AAA01	Response Code	N,Y	1	No, Yes

216	2000A	AAA03	Reject Reason Code	04,41,42,7 9	2	
216	2000A	AAA04	Follow-up Action Code	C,N,P,R,S, Y		
218	2100A	NM1	<b>Information Source Name</b>			
218	2100A	NM101	Entity Identifier Code	2B,36,GP, P5,PR	3	Third-Party Administrator, Employer, Gateway Provider, Plan Sponsor, Payer
219	2100A	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
219	2100A	NM103	Organization Name		60	
219	2100A	NM104	Name First		35	
219	2100A	NM105	Name Middle		25	
220	2100A	NM107	Name Suffix		10	
220	2100A	NM108	Identification Code Qualifier	24,46,FI,NI, PI,XV,XX	2	
220	2100A	NM109	Identification Code		80	
221	2100A	PER	<b>Information Source Contact Information</b>			
222	2100A	PER01	Contact Function Code	IC	2	Information Contact
222	2100A	PER02	Name		60	
222	2100A	PER03	Communication Number Qualifier	ED,EM,FX, TE,UR	2	
223	2100A	PER04	Communication Number		256	
223	2100A	PER05	Communication Number Qualifier	ED,EM,EX, FX,TE,UR	2	
224	2100A	PER06	Communication Number		256	
224	2100A	PER07	Communication Number Qualifier	ED,EM,EX, FX,TE,UR	2	
225	2100A	PER08	Communication Number		256	
226	2100A	AAA	<b>Request Validation</b>			
226	2100A	AAA01	Response Code	N,Y	1	No, Yes
227	2100A	AAA03	Reject Reason Code	04,41,42,7 9,80,T4	2	

228	2100A	AAA04	Follow-up Action Code	C,N,P,R,S, W,X,Y		
229	2000B	HL	<b>Information Receiver Level</b>			
230	2000B	HL01	Hierarchical ID Number		12	
	2000B	HL02	Hierarchical Parent ID Number		12	
231	2000B	HL03	Hierarchical Level Code	21	2	Information Receiver
			Hierarchical Child Code			No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
	2000B	HL04		0,1	1	
232	2100B	NM1	<b>Information Receiver Name</b>			
			Entity Identifier Code			Provider, Third-Party Administrator, Employer, Hospital, Facility, Gateway Provider, Plan Sponsor, Payer
232	2100B	NM101		1P,2B,36,8 0,FA,GP,P 5,PR	3	
233	2100B	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
233	2100B	NM103	Organization Name		60	
233	2100B	NM104	Name First		35	
234	2100B	NM105	Name Middle		25	
234	2100B	NM107	Name Suffix		10	
234	2100B	NM108	Identification Code Qualifier	24,34,FI,PI ,PP,SV,XV ,XX	2	
235	2100B	NM109	Identification Code		80	
236	2100B	REF	<b>Information Receiver Additional Identification</b>			
			Reference Identification Qualifier	0B,1C,1D, 1J,4A,CT, EL,EO,HPI	3	
236	2100B	REF01				

				,JD,N5,N7, Q4,SY,TJ		
237	2100B	REF02	Reference Identification		50	
237	2100B	REF03	Description		80	
238	2100B	AAA	<b>Information Receiver Request Validation</b>			
238	2100B	AAA01	Response Code	N,Y	1	No, Yes
239	2100B	AAA03	Reject Reason Code	15,41,43,4 4,45,46,47, 48,50,51,7 9,97,T4	2	
239	2100B	AAA04	Follow-up Action Code	C,N,R,S,W ,X,Y	1	
241	2100B	PRV	<b>Information Receiver Provider Information</b>			
241	2100B	PRV01	Provider Code	AD,AT,BI, CO,CV,H, HH,LA,OT, P1,P2,PC, PE,R,RF,S B,SK,SU	3	
242	2100B	PRV02	Reference Identification Qualifier	PXC	3	Health Care Provider Taxonomy Code
242	2100B	PRV03	Reference Identification		50	
243	2000C	HL	<b>Subscriber Level</b>			
244	2000C	HL01	Hierarchical ID Number		12	
244	2000C	HL02	Hierarchical Parent ID Number		12	
245	2000C	HL03	Hierarchical Level Code	22	2	Subscriber
245	2000C	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
246	2000C	TRN	<b>Subscriber Trace Number</b>			

247	2000C	TRN01	Trace Type Code	1,2	2	Current Transaction Trace Numbers, Referenced Transaction Trace Numbers
248	2000C	TRN02	Reference Identification		50	
248	2000C	TRN03	Originating Company Identifier		10	
248	2000C	TRN04	Reference Identification		50	
249	2100C	NM1	<b>Subscriber Name</b>			
249	2100C	NM101	Entity Identifier Code	IL	3	Insured or Subscriber
250	2100C	NM102	Entity Type Qualifier	1	1	Person
250	2100C	NM103	Organization Name		60	
250	2100C	NM104	Name First		35	
250	2100C	NM105	Name Middle		25	
251	2100C	NM107	Name Suffix		10	
251	2100C	NM108	Identification Code Qualifier	II,MI	2	
252	2100C	NM109	Identification Code		80	
253	2100C	REF	<b>Subscriber Additional Identification</b>			
254	2100C	REF01	Reference Identification Qualifier	18,1L,1W,3H,49,6P,CT,EA,EJ,F6,GH,HJ,IF,IG,N6,NQ,Q4,SY,Y4	3	
256	2100C	REF02	Reference Identification		50	
256	2100C	REF03	Description		80	
257	2100C	N3	<b>Subscriber Address</b>			
	2100C	N301	Address Information		55	
258	2100C	N302	Address Information		55	
259	2100C	N4	<b>Subscriber City, State, Zip Code</b>			

260	2100C	N401	City Name		30	
	2100C	N402	State		2	
	2100C	N403	Zip Code		15	
262	2100C	AAA	<b>Subscriber Request Validation</b>			
	2100C	AAA01	Response Code	N,Y	1	No, Yes
263	2100C	AAA03	Reject Reason Code	15,35,42,43,45,47,48,49,50,51,52,56,57,58,60,61,62,63,71,72,73,74,75,76,78	2	
264	2100C	AAA04	Follow-up Action Code	C,N,R,S,W,X,Y	1	
265	2100C	PRV	<b>Provider Information</b>			
266	2100C	PRV01	Provider Code	AD,AT,BI,CO,CV,H,HH,LA,OT,P1,P2,PC,PE,R,RF,S,K,SU	3	
266	2100C	PRV02	Reference Identification Qualifier	PXC	3	Health Care Provider Taxonomy Code
267	2100C	PRV03	Reference Identification		50	
268	2100C	DMG	<b>Subscriber Demographic Information</b>			
269	2100C	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
269	2100C	DMG02	Date Time Period		35	
269	2100C	DMG03	Gender Code	F,M,U	1	Female, Male, Unknown
271	2100C	INS	<b>Subscriber Relationship</b>			
271	2100C	INS01	Response Code	Y	1	Yes
272	2100C	INS02	Individual Relationship Code	18	2	Self
272	2100C	INS03	Maintenance Type Code	001	3	Change



272	2100C	INS04	Maintenance Reason Code	25	3	Change in Identifying Data Elements
273	2100C	INS17	Number		9	
274	2100C	HI	<b>Subscriber Health Care Diagnosis Code</b>			
274	2100C	HI01	Health Care Code Information			
275	2100C	HI01-1	Code List Qualifier Code	ABK	3	ICD-10-CM Principal Diagnosis
275	2100C	HI01-2	Industry Code		30	
276	2100C	HI02-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
276	2100C	HI02-2	Industry Code		30	
277	2100C	HI03-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
277	2100C	HI03-2	Industry Code		30	
278	2100C	HI04-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
278	2100C	HI04-2	Industry Code		30	
279	2100C	HI05-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
279	2100C	HI05-2	Industry Code		30	
280	2100C	HI06-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
280	2100C	HI06-2	Industry Code		30	
281	2100C	HI07-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
281	2100C	HI07-2	Industry Code		30	
282	2100C	HI08-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
282	2100C	HI08-2	Industry Code		30	
283	2100C	DTP	<b>Subscriber Date</b>			
283	2100C	DTP01	Date/Time Qualifier	096,102,152,291,307,318,340,341,342,343,346,347,356,357,382,435,442,458,	3	

				472,539,540, 636,771		
284	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
284	2100C	DTP03	Date Time Period		35	
285	2100C	MPI	<b>Subscriber Military Personnel Information</b>			
285	2100C	MPI01	Information Status Code	A,C,L,O,P, S,T	1	
286	2100C	MPI02	Employment Status Code	AE,AO,AS, AT,AU,CC, DD,HD,IR, LX,PE,RE, RM,RR,RU	2	
286	2100C	MPI03	Government Service Affiliation Code	A,B,C,D,E, F,G,H,I,J,K ,L,M,N,O, Q,R,S,U,W	1	
289	2100C	EB	<b>Subscriber Eligibility or Benefit Information</b>			
291	2100C	EB01	Eligibility	1,2,3,4,5,6,7, 8,A,B,C,CB,D ,E,F,G,H,I,J, K,L,M,MC,N, O,P,Q,R,S,T, U,V,W,X,Y	2	
291	2100C	EB02	Coverage Level Code	CHD,DEP,E CH,EMP,ES P,FAM,IND,S PC,SPO	3	
304	2100C	EB13-1	Product/Service ID Qualifier	AD,CJ,HC, ID,IV,N4,Z Z	2	
305	2100C	EB13-2	Product/Service ID		48	
307	2100C	EB14-1	Diagnosis Code Pointer		2	
307	2100C	EB14-2	Diagnosis Code Pointer		2	
314	2110C	REF	<b>Subscriber Additional Identification</b>			
315	2110C	REF01	Reference Identification Qualifier	18,1L,1W, 49,6P,9F,A	3	

				LS,CLI,F6, FO,G1,IG, M7,N6,NQ		
316	2110C	REF02	Reference Identification		50	
316	2110C	REF03	Description		80	
317	2110C	DTP	<b>Subscriber Eligibility/ Benefit Date</b>			
317	2110C	DTP01	Date/Time Qualifier	096,193,194, 198,290,291, 292,295,304, 307,318,346, 348,349,356, 357,435,472, 636,771	3	
318	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		35	
319	2110C	AAA	<b>Subscriber Request Validation</b>			
319	2110C	AAA01	Response Code	N,Y	1	No, Yes
320	2110C	AAA03	Reject Reason Code	15,33,52,53,5 4,55,56,57,60 ,61,62,63,69, 70,98,AA,AE, AF,AG,AO,CI ,E8,IA,MA	2	
321	2110C	AAA04	Follow-up Action Code	C,N,R,W,X ,Y	1	
322	2110C	MSG	<b>Message Text</b>			
323	2110C	MSG01	Free-Form Message Text		264	
324	2115C	III	<b>Subscriber Eligibility or Benefit Additional Information</b>			
325	2115C	III01	Code List Qualifier Code	GR,NI,ZZ	3	NCCI Nature of Injury Code, Nature of Injury Code, Mutually Defined
326	2115C	III02	Industry Code	01,03,04,05,0 6,07,08,11,12 ,13,14,15,20,	30	

				21,22,23,24,25,26,31,32,33,34,41,42,49,50,51,52,53,54,55,56,57,60,61,62,65,71,72,81,99		
327	2115C	III03	Code Category	44	2	Nature of Injury
327	2115C	III04	Free-form Message Text		264	
328	2110C	LS	<b>Loop Header</b>			
328	2110C	LS01	Loop Identifier Code		4	
329	2120C	NM1	<b>Subscriber Benefit Related Entity Name</b>			
330	2120C	NM101	Entity Identifier Code	13,11,1P,2B,36,73,FA,GP,GW,I3,IL,LR,OC,P3,P4,P5,PR,PRP,SE P,TTP,VN,VY,X3	3	
331	2120C	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
331	2120C	NM103	Organization Name		60	
331	2120C	NM104	Name First		35	
331	2120C	NM105	Name Middle		25	
332	2120C	NM107	Name Suffix		10	
332	2120C	NM108	Identification Code Qualifier	24,34,46,FA,FI,II,MI,NI,PI,PP,SV,XV,XX	2	
333	2120C	NM109	Identification Code		80	
334	2120C	NM110	Entity Relationship Code	01,02,27,41,48,65,72	2	
335	2120C	N3	<b>Subscriber Benefit Related Entity Address</b>			
335	2120C	N301	Address Information		55	
335	2120C	N302	Address Information		55	
336	2120C	N4	<b>Subscriber Benefit Related Entity City, State, Zip Code</b>			

336	2120C	N401	City Name		30	
337	2120C	N402	State		2	
337	2120C	N403	Zip Code		15	
339	2120C	PER	<b>Subscriber Benefit Related Entity Contact Information</b>			
340	2120C	PER01	Contact Function Code	IC	2	Information Contact
340	2120C	PER02	Name		60	
341	2120C	PER03	Communication Number Qualifier	ED,EM,FX,TE,UR,WP	2	
341	2120C	PER04	Communication Number		256	
342	2120C	PER05	Communication Number Qualifier	ED,EM,EX,FX,TE,UR,WP	2	
342	2120C	PER06	Communication Number		256	
343	2120C	PER07	Communication Number Qualifier	ED,EM,EX,FX,TE,UR,WP	2	
343	2120C	PER08	Communication Number		256	
344	2120C	PRV	<b>Subscriber Benefit Related Provider Information</b>			
	2120C	PRV01	Provider Code	AD,AT,BI,CO,CV,H,HH,LA,OT,P1,P2,PC,PE,R,RF,SB,SK,SU	3	
345	2120C	PRV02	Reference Identification Qualifier	PXC	3	Health Care Provider Taxonomy Code
	2120C	PRV03	Reference Identification		50	
346	2110C	LE	<b>Loop Trailer</b>			
	2110C	LE01	Loop Identifier Code		4	
347	2000D	HL	<b>Dependent Level</b>			
348	2000D	HL01	Hierarchical ID Number		12	
349	2000D	HL02	Hierarchical Parent ID Number		12	

	2000D	HL03	Hierarchical Level Code	23	2	Dependent
350	2000D	HL04	Hierarchical Child Code	0	1	No Subordinate HL Segment in this Hierarchical Structure,
351	2000D	TRN	<b>Dependent Trace Number</b>			
352	2000D	TRN01	Trace Type Code	1,2	2	Current Transaction Trace Numbers, Referenced Transaction Trace Numbers
353	2000D	TRN02	Reference Identification		50	
353	2000D	TRN03	Originating Company Identifier		10	
353	2000D	TRN04	Reference Identification		50	
354	2100D	NM1	<b>Dependent Name</b>			
354	2100D	NM101	Entity Identifier Code	03	3	Dependent
355	2100D	NM102	Entity Type Qualifier	1	1	Person
355	2100D	NM103	Organization Name		60	
355	2100D	NM104	Name First		35	
355	2100D	NM105	Name Middle		25	
356	2100D	NM107	Name Suffix		10	
357	2100D	REF	<b>Dependent Additional Identification</b>			
358	2100D	REF01	Reference Identification Qualifier	18,1L,49,6 P,CT,EA,E J,F6,GH,H J,IF,IG,MR C,N6,NQ, Q4,SY,Y4	3	
360	2100D	REF02	Reference Identification		50	
360	2100D	REF03	Description		80	
361	2100D	N3	<b>Dependent Address</b>			
361	2100D	N301	Address Information		55	
362	2100D	N302	Address Information		55	

363	2100D	N4	<b>Dependent City, State, Zip Code</b>			
364	2100D	N401	City Name		30	
364	2100D	N402	State		2	
364	2100D	N403	Zip Code		15	
366	2100D	AAA	<b>Dependent Request Validation</b>			
366	2100D	AAA01	Response Code	N,Y	1	No, Yes
367	2100D	AAA03	Reject Reason Code	15,35,42,43,45,47,48,49,51,52,56,57,58,60,61,62,63,64,65,66,67,68,71,77	2	
368	2100D	AAA04	Follow-up Action Code	C,N,R,S,W,X,Y	1	
369	2100D	PRV	<b>Provider Information</b>			
370	2100D	PRV01	Provider Code	AD,AT,BI,CO,CV,H,HH,LA,OT,P1,P2,PC,PE,R,SK,SU	3	
370	2100D	PRV02	Reference Identification Qualifier	PXC	3	Health Care Provider Taxonomy Code
371	2100D	PRV03	Reference Identification		50	
372	2100D	DMG	<b>Dependent Demographic Information</b>			
373	2100D	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
373	2100D	DMG02	Date Time Period		35	
373	2100D	DMG03	Gender Code	F,M,U	1	Female, Male, Unknown
375	2100D	INS	<b>Dependent Relationship</b>			
376	2100D	INS01	Response Code	N	1	No
376	2100D	INS02	Individual Relationship Code	01,19,20,21,39,40,53,G8	2	Self
376	2100D	INS03	Maintenance Type Code	001	3	Change

376	2100D	INS04	Maintenance Reason Code	25	3	Change in Identifying Data Elements
377	2100D	INS17	Number		9	
378	2100D	HI	<b>Dependent Health Care Diagnosis Code</b>			
379	2100D	HI01	Health Care Code Information			
379	2100D	HI01-1	Code List Qualifier Code	ABK	3	ICD-10-CM Principal Diagnosis
379	2100D	HI01-2	Industry Code		30	
380	2100D	HI02-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
380	2100D	HI02-2	Industry Code		30	
381	2100D	HI03-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
381	2100D	HI03-2	Industry Code		30	
382	2100D	HI04-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
382	2100D	HI04-2	Industry Code		30	
383	2100D	HI05-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
383	2100D	HI05-2	Industry Code		30	
384	2100D	HI06-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
384	2100D	HI06-2	Industry Code		30	
385	2100D	HI07-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
385	2100D	HI07-2	Industry Code		30	
386	2100D	HI08-1	Code List Qualifier Code	ABF	3	ICD-10-CM Diagnosis
386	2100D	HI08-2	Industry Code		30	
387	2100D	DTP	<b>Dependent Date</b>			
387	2100D	DTP01	Date/Time Qualifier	096,102,152,291,307,318,340,341,342,343,346,347,356,357,382,435,442,458,	3	



				472,539,540, 636,771		
388	2100D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
388	2100D	DTP03	Date Time Period		35	
389	2100D	MPI	<b>Dependent Military Personnel Information</b>			
389	2100D	MPI01	Information Status Code	A,C,L,O,P, S,T	1	
390	2100D	MPI02	Employment Status Code	AE,AO,AS, AT,AU,CC, DD,HD,IR, LX,PE,RE, RM,RR,RU	2	
390	2100D	MPI03	Government Service Affiliation Code	A,B,C,D,E, F,G,H,I,J,K ,L,M,N,O, Q,R,S,U,W	1	
393	2110D	EB	<b>Dependent Eligibility or Benefit Information</b>			
395	2110D	EB01	Eligibility	1,2,3,4,5,6,7, 8,A,B,C,CB,D ,E,F,G,H,I,J, K,L,M,MC,N, O,P,Q,R,S,T, U,V,W,X,Y	2	
396	2110D	EB02	Coverage Level Code	CHD,DEP,E CH,EMP,ES P,FAM,IND,S PC,SPO	3	
407	2110D	EB13-1	Product/Service ID Qualifier	AD,CJ,HC, ID,IV,N4,Z Z	2	
408	2110D	EB13-2	Product/Service ID		48	
410	2110D	EB14-1	Diagnosis Code Pointer		2	
	2110D	EB14-2	Diagnosis Code Pointer		2	
417	2110D	REF	<b>Dependent Additional Identification</b>			
418	2110D	REF01	Reference Identification Qualifier	18,1L,1W, 49,6P,9F,A	3	

				LS,CLI,F6, FO,G1,IG, N6,NQ		
419	2110D	REF02	Reference Identification		50	
419	2110D	REF03	Description		80	
420	2110D	DTP	<b>Dependent Eligibility/Benefit Date</b>			
420	2110D	DTP01	Date/Time Qualifier	096,193,194, 198,290,291, 292,295,304, 307,318,346, 348,349,356, 357,435,472, 636,771	3	
421	2110D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
421	2110D	DTP03	Date Time Period		35	
422	2110D	AAA	<b>Dependent Request Validation</b>			
422	2110D	AAA01	Response Code	N,Y	1	No, Yes
423	2110D	AAA03	Reject Reason Code	15,33,52,53,5 4,55,56,57,60 ,61,62,63,69, 70,98,AA,AE, AF,AG,AO,CI ,E8,IA,MA	2	
424	2110D	AAA04	Follow-up Action Code	C,N,R,W,X ,Y	1	
425	2110D	MSG	<b>Message Text</b>			
426	2110D	MSG01	Free-Form Message Text		264	
427	2115D	III	<b>Dependent Eligibility or Benefit Additional Information</b>			
428	2115D	III01	Code List Qualifier Code	GR,NI,ZZ	3	NCCI Nature of Injury Code, Nature of Injury Code, Mutually Defined
428	2115D	III02	Industry Code	01,03,04,05,0 6,07,08,11,12 ,13,14,15,20,	30	

				21,22,23,24,25,26,31,32,33,34,41,42,49,50,51,52,53,54,55,56,57,60,61,62,65,71,72,81,99		
430	2115D	III03	Code Category	44	2	Nature of Injury
430	2115D	III04	Free-form Message Text		264	
431	2110D	LS	<b>Loop Header</b>			
431	2110D	LS01	Loop Identifier Code		4	
432	2120D	NM1	<b>Dependent Benefit Related Entity Name</b>			
432	2120D	NM101	Entity Identifier Code	13,1I,1P,2B,36,73,FA,GP,GW,I3,IL,LR,OC,P3,P4,P5,PR,PRP,SEP,TTP,VN,VY,X3	3	
434	2120D	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
434	2120D	NM103	Organization Name		60	
434	2120D	NM104	Name First		35	
434	2120D	NM105	Name Middle		25	
435	2120D	NM107	Name Suffix		10	
438	2120D	N3	<b>Dependent Benefit Related Entity Address</b>			
438	2120D	N301	Address Information		55	
438	2120D	N302	Address Information		55	
439	2120D	N4	<b>Dependent Benefit Related Entity City, State, Zip Code</b>			
439	2120D	N401	City Name		30	
440	2120D	N402	State		2	
440	2120D	N403	Zip Code		15	

442	2120D	PER	<b>Dependent Benefit Related Entity Contact Information</b>			
443	2120D	PER01	Contact Function Code	IC	2	Information Contact
443	2120D	PER02	Name		60	
444	2120D	PER03	Communication Number Qualifier	ED,EM,FX,TE,UR,WP	2	
444	2120D	PER04	Communication Number		256	
445	2120D	PER05	Communication Number Qualifier	ED,EM,EX,FX,TE,UR,WP	2	
445	2120D	PER06	Communication Number		256	
446	2120D	PER07	Communication Number Qualifier	ED,EM,EX,FX,TE,UR,WP	2	
446	2120D	PER08	Communication Number		256	
447	2120D	PRV	<b>Dependent Benefit Related Provider Information</b>			
447	2120D	PRV01	Provider Code	AD,AT,BI,CO,CV,H,HH,LA,OT,P1,P2,PC,PE,R,RF,SB,SK,SU	3	
448	2120D	PRV02	Reference Identification Qualifier	PXC	3	Health Care Provider Taxonomy Code
448	2120D	PRV03	Reference Identification		50	
449	2110D	LE	<b>Loop Trailer</b>			
449	2110D	LE01	Loop Identifier Code		4	
450		SE	<b>Transaction Set Trailer</b>			
450		SE01	Number of Included Segments		10	
450		SE02	Transaction Set Control Number		9	

# Examples:

The following information is associated with the Information Source, Information Receiver, Subscriber and Dependent used in the following examples in this section:

**Payer (Information Source):** CareSource  
Payer Identification Number 842610001

**Provider (Information Receiver) Clinic:** Bone and Joint Clinic  
Service Provider Number 2000035  
Facility Network Identification Number 234899  
55 High Street, Dayton, OH, 45401  
Communication Contact Name Billing Department  
Phone Number 937-555-1212  
Extension 2805  
FAX 937-555-1213

**Provider (Information Receiver) Individual Physician:** Marcus Jones  
Service Provider Number 0202034  
Provider Plan Network Identification Number 129  
Communication Contact Name M. Murphy  
Phone Number 937-555-1212  
Extension 3694  
FAX 937-555-1214

**Subscriber:** Robert B. Smith Subscriber  
(Subscriber/Patient)  
Member Identification Number 11122333301  
Date of Birth 19430519  
Male  
Group or Policy Number 599119  
29 Fremont St, Apt # 1, Dayton, OH, 45405

**Dependent:** Mary Smith Dependent (Patient)  
Social Security Number 003221234  
Date of Birth 19781014  
Female  
Relationship to Subscriber Child

## Example 1:

Example 1 is for a Subscriber who is also the Patient. There are two responses in this section. The first response is a positive response where the subscriber was found. The second response is a rejection for a provider not authorized to access the Payer's Eligibility System.

## Request:

### Generic request by a clinic for the Patient's (Subscriber) Eligibility.

This is an example of an eligibility request from a clinic to a payer processed in Real Time (see Section 1.4.3 - *Batch and Real Time*). The clinic is inquiring if the patient (the subscriber) has coverage. The request is from Bone and Joint Clinic to CareSource.

This example uses the Primary Search Option (see Section 1.4.8 - *Search Options*) for a subscriber who is the patient and is for a generic request for Eligibility (see Section 1.4.7 - *Implementation-Compliant Use of the 270/271 Transaction Set*).

**ST\*270\*1234\*005010X279~**

Transaction Set ID Code = 270 (Eligibility, Coverage or Benefit Inquiry)  
Transaction Set Control Number = 1234  
Implementation Convention Reference = 005010X279

**BHT\*0022\*13\*10001234\*20200501\*1319~**

Hierarchical Structure Code = 0022 (Information Source, Information Receiver, Subscriber, Dependent)  
Transaction Set Purpose Code = 13 (Request Identification)  
Reference Identification = 10001234  
Date = 20200501 (May 1, 2020)  
Time = 1:19 PM

**HL\*1\*\*20\*1~**

Hierarchical ID Number = 1  
Hierarchical Parent ID Number = \* not used  
Hierarchical Level Code = 20 (Information Source)  
Hierarchical Child Code = 1

**NM1\*PR\*2\*CARESOURCE\*\*\*\*\*PI\*  
842610001~**

Entity Identifier Code = PR (Payer)  
Entity Type Qualifier = 2 (Non-person)  
Last Name = CareSource  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = PI (Payer Identification)  
Identification Code = 842610001

**HL\*2\*1\*21\*1~**

Hierarchical ID Number = 2  
Hierarchical Parent ID Number = 1  
Hierarchical Level Code = 21  
Hierarchical Child Code = 1

**NM1\*1P\*2\*BONE AND JOINT  
CLINIC\*\*\*\*\*SV\*2000035~**

Entity Identifier Code = 1P (Provider)  
Entity Type Qualifier = 2 (Non-Person)  
Last Name = Bone and Joint Clinic  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV Service Provider  
Number  
Identification Code = 2000035

**HL\*3\*2\*22\*0~**

Hierarchical ID Number = 3  
Hierarchical Parent ID Number = 2  
Hierarchical Level Code = 22  
Hierarchical Child Code = 0

**TRN\*1\*93175-012547\*9877281234~**

Trace Type Code = 1 (Current Transaction Trace  
Number)  
Reference Identification = 93175-012547  
Originating Company Identifier = 9877281234  
Reference Identification = \* not used

**NM1\*IL\*1\*SMITH\*ROBERT\*\*\*\*\*MI\*  
11122333301~**

Entity Identifier Code = IL (Insured or Subscriber)  
Entity Type Qualifier = 1 (Person)  
Last Name = Smith  
First Name = Robert  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = MI (Member  
Identification Number)  
Identification Code = 11122333301

**DMG\*D8\*19430519~**

Date Time Period Format = D8 (Date Expressed in  
Format CCYYMMDD)  
Date Time Period = 19430519

**DTP\*291\*D8\*20200501~**

Date/Time Qualifier = 291 (Plan)  
Date Time Period Format Qualifier D8 (Dates)

Expressed in Format CCYYMMDD)  
Date Time Period = 20200501 (May 1, 2020)

**EQ\*30~**

Service Type Code = 30 (Health Benefit Plan Coverage)

**SE\*13\*1234~**

Number of Included Segments = 13  
Transaction Set Control Number = 1234

## Response:

### Response to a generic request by a clinic for the patient's (subscriber) eligibility.

This is an example of an eligibility response from a payer to a clinic based on the request in Section 3.1.1 - *Request*. The request is from Bone and Joint Clinic to CareSource. This response illustrates the required components outlined in Section 1.4.7 - *Implementation-Compliant Use of the 270/271 Transaction Set*. The payer has indicated the patient (the subscriber) has active coverage for the health plan, the beginning date for their coverage with the plan, active coverage for all the benefits outlined in Section 1.4.7 - *Implementation-Compliant Use of the 270/271 Transaction Set* and they have a Primary Care Physician.

**ST\*271\*4321\*005010X279~**

Transaction Set ID Code = 271 (Eligibility, Coverage or Benefit Information)  
Transaction Set Control Number = 4321  
Implementation Convention Reference = 005010X279

**BHT\*0022\*11\*10001234\*20200501\*1319~**

Hierarchical Structure Code = 0022 (Information Source, Information Receiver, Subscriber, Dependent)  
Transaction Set Purpose Code = 11 (Response Identification)  
Reference Identification = 10001234  
Date = 20200501 (May 1, 2020)  
Time = 1:19 PM

**HL\*1\*\*20\*1~**

Hierarchical ID Number = 1  
Hierarchical Parent ID Number = \* not used  
Hierarchical Level Code = 20 (Information Source)  
Hierarchical Child Code = 1

**NM1\*PR\*2\*CARESOURCE\*\*\*\*\*PI\*  
842610001~**

Entity Identifier Code = PR (Payer)  
Entity Type Qualifier = 2 (Non-Person Entity)  
Last Name = CareSource  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = PI (Payer Identification)  
Identification Code = 842610001



**HL\*2\*1\*21\*1~**

Hierarchical ID Number = 2  
Hierarchical Parent ID Number = 1  
Hierarchical Level Code = 21 (Information Receiver)  
Hierarchical Child Code = 1

**NM1\*1P\*2\*BONE AND JOINT  
CLINIC\*\*\*\*\*SV\*2000035~**

Entity Identifier Code = 1P (Provider)  
Entity Type Qualifier = 2 (Non-Person Entity)  
Last Name = Bone and Joint Clinic  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV (Service Provider  
Number)  
Identification Code = 2000035

**HL\*3\*2\*22\*0~**

Hierarchical ID Number = 3  
Hierarchical Parent ID Number = 2  
Hierarchical Level Code = 22 (Subscriber)  
Hierarchical Child Code = 0

**TRN\*2\*93175-012547\*9877281234~**

Trace Type Code = 2 (Referenced Transaction  
Trace Number)  
Reference Identification = 93175-012547  
Originating Company Identifier = 9877281234  
Reference Identification = \* not used

**NM1\*IL\*1\*SMITH\*JOHN\*\*\*\*MI\*  
123456789~**

Entity Identifier Code = IL (Insured or Subscriber)  
Entity Type Qualifier = 1 (Person)  
Last Name = Smith  
First Name = John  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = MI (Member  
Identification)  
Identification Code = 123456789

**N3\*15197 BROADWAY AVENUE\*APT 215~**

Address Information = 15197 BROADWAY  
AVENUE  
Address Information = APT 215

**N4\*DAYTON\*OH\*45405~**

City = Dayton  
State or Prov Code = OH  
Postal Code = 45405

**DMG\*D8\*19630519\*M~**

Date Time Period Format = D8 (Date Expressed in Format CCYYMMDD)  
Date Time Period = 19630519  
Gender Code = M (Male)

**DTP\*346\*D8\*20200101~**

Date/Time Qualifier = 346 (Plan Begin)  
Date Time Period Format Qualifier D8 (Dates Expressed in Format CCYYMMDD)  
Date Time Period = 20200101 (January 1, 2020)

**EB\*1\*\*30\*\*GOLD 123 PLAN~**

Eligibility or Benefit Information Code = 1 (Active Coverage)  
Coverage Level Code = \* not used  
Service Type Code = 30 (Health Benefit Plan Coverage)  
Insurance Type Code = \* not used  
Plan Coverage Description = Gold 123 Plan

**EB\*L~**

Eligibility or Benefit Information Code = L (Primary Care Provider)

**LS\*2120~**

Loop Identifier Code = 2120

**NM1\*P3\*1\*JONES\*MARCUS\*\*\*\*SV\*0202034~**

Entity Identifier Code = P3 (Primary Care Provider)  
Entity Type Qualifier = 1 (Person)  
Last Name = Jones  
First Name = Marcus  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV Service Provider Number  
Identification Code = 0202034

**LE\*2120~**

Loop Identifier Code = 2120

**EB\*1\*\*1^33^35^47^86^88^98^AL^MH^UC~**

Eligibility or Benefit Information Code = 1 (Active Coverage)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)

Service Type Code = 98 (Professional (Physician)  
Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)

**EB\*B\*\*1^33^35^47^86^88^98^AL^MH^  
UC\*HM\*GOLD 123 PLAN\*27\*10\*\*\*\*\*Y~**

Eligibility or Benefit Information Code = B  
(Co-Payment)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)  
Service Type Code = 98 (Professional (Physician)  
Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)  
Insurance Type Code =HM (Health Management  
Organization (HMO))  
Plan Coverage Description = GOLD 123 PLAN  
Time Period Qualifier = 27 (Visit)  
Monetary Value = 10 (Dollar)  
Percent = \* not used  
Quantity Qualifier = \* not used  
Quantity = \* not used  
Yes/No Condition Or Response Code  
(Certification/Authorization Indicator) = \* not used  
Yes/No Condition Or Response Code (In Plan  
Network Indicator) = Y (Yes – In Network)

**EB\*B\*\*1^33^35^47^86^88^98^AL^MH^  
UC\*HM\*GOLD 123 PLAN\*27\*30\*\*\*\*\*N~**

Eligibility or Benefit Information Code = B  
(Co-Payment)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)  
Service Type Code = 98 (Professional (Physician)  
Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)

Insurance Type Code = HM (Health Management Organization (HMO))  
Plan Coverage Description = GOLD 123 PLAN  
Time Period Qualifier = 27 (Visit)  
Monetary Value = 30 (Dollar)  
Percent = \* not used  
Quantity Qualifier = \* not used  
Quantity = \* not used  
Yes/No Condition Or Response Code (Certification/Authorization Indicator) = \* not used  
Yes/No Condition Or Response Code (In Plan Network Indicator) = N (No – Out of Network)

**SE\*22\*4321~**

Number of Included Segments = 22  
Transaction Set Control Number = 4321

## Response:

### **Error response from the payer to a clinic that is not eligible for inquiries with the payer.**

This is an example of an eligibility response from a payer to a clinic based on the request in example Section 3.1.1 - *Request*. The request validation segment is used in this example to indicate that the provider is not eligible for inquiries.

**ST\*271\*4323\*005010X279~**

Transaction Set ID Code = 271 (Eligibility, Coverage or Benefit Information)  
Transaction Set Control Number = 4323  
Implementation Convention Reference = 005010X279

**BHT\*0022\*11\*10001234\*20200501\*1319~**

Hierarchical Structure Code = 0022 (Information Source, Information Receiver, Subscriber, Dependent)  
Transaction Set Purpose Code = 11 (Response) Identification  
Reference Identification = 10001234  
Date = 20200501 (May 1, 2020)  
Time = 1:19 PM

**HL\*1\*\*20\*1~**

Hierarchical ID Number = 1  
Hierarchical Parent ID Number = \* not used  
Hierarchical Level Code = 20 (Information Source)  
Hierarchical Child Code = 1

**NM1\*PR\*2\*CARESOURCE\*\*\*\*\*PI\*  
842610001~**

Entity Identifier Code = PR (Payer)  
Entity Type Qualifier = 2 (Non-person)  
Last Name = CareSource  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used

HL\*2\*1\*21\*1~

Name Suffix = \* not used  
Identification Code Qualifier = PI (Payer Identification)  
Identification Code = 842610001

Hierarchical ID Number = 2  
Hierarchical Parent ID Number = 1  
Hierarchical Level Code = 21  
Hierarchical Child Code = 1

NM1\*1P\*2\*BONE AND JOINT  
CLINIC\*\*\*\*\*SV\*2000035~

Entity Identifier Code = 1P (Provider)  
Entity Type Qualifier = 2 (Non-Person)  
Last Name = Bone and Joint Clinic  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV Service Provider Number  
Identification Code = 2000035

AAA\*Y\*\*50\*N~

Validity Code = Y (Yes)  
Agency Qualifier Code = \* not used  
Reject Reason Code = 50 (Provider Ineligible For Inquiries)  
Follow-Up Action Code = N (Resubmission Not Allowed)

SE\*8\*4323~

Number of Included Segments = 8  
Transaction Set Control Number = 4323

## Example 2

Example 2 is for a patient who is the dependent of a subscriber. There are two responses in this section. The first response is a positive response where the dependent was found. The second response is a rejection for a provider not authorized to access the payer's eligibility system.

## Request

### Generic request by a physician for the Patient's (Dependent) Eligibility.

This is an example of an eligibility request from an individual provider to a payer. The physician is inquiring if the patient (the dependent) has coverage. The request is from Marcus Jones to the CareSource. This example uses the Primary Search Option (see Section 1.4.8 - *Search Options*) for a dependent who is the patient and is for a generic request for Eligibility (see Section 1.4.7 - *Implementation-Compliant Use of the 270/271 Transaction Set*).

**ST\*270\*1235\*005010X279~**

Transaction Set ID Code = 270 (Eligibility, Coverage or Benefit Inquiry)  
Transaction Set Control Number = 1235  
Implementation Convention Reference = 005010X279

**BHT\*0022\*13\*10001235\*20200501\*1320~**

Hierarchical Structure Code = 0022 (Information Source, Information Receiver, Subscriber, Dependent)  
Transaction Set Purpose Code = 13 (Request Identification)  
Reference Identification = 10001235  
Date = 20060501 (May 1, 2020)  
Time = 1:20 PM

**HL\*1\*\*20\*1~**

Hierarchical ID Number = 1  
Hierarchical Parent ID Number = \* not used  
Hierarchical Level Code = 20 (Information Source)  
Hierarchical Child Code = 1

**NM1\*PR\*2\*CARESOURCE\*\*\*\*\*PI\*  
842610001~**

Entity Identifier Code = PR (Payer)  
Entity Type Qualifier = 2 (Non-person)  
Last Name = CareSource  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = PI (Payer Identification)  
Identification Code = 842610001

**HL\*2\*1\*21\*1~**

Hierarchical ID Number = 2  
Hierarchical Parent ID Number = 1  
Hierarchical Level Code = 21  
Hierarchical Child Code = 1

**NM1\*1P\*1\*JONES\*MARCUS\*\*\*\*\*SV\*  
0202034~**

Entity Identifier Code = 1P (Provider)  
Entity Type Qualifier = 1 (Person)  
Last Name = Jones  
First Name = Marcus  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV Service Provider

	Number Identification Code = 0202034
<b>HL*3*2*22*1~</b>	Hierarchical ID Number = 3 Hierarchical Parent ID Number = 2 Hierarchical Level Code = 21 Hierarchical Child Code = 1
<b>NM1*IL*1*****MI*11122333301~</b>	Entity Identifier Code = IL (Insured or Subscriber) Entity Type Qualifier = 1 (Person) Last Name = * not used First Name = * not used Middle Name = * not used Name Prefix = * not used Name Suffix = * not used Identification Code Qualifier = MI (Member Identification Number) Identification Code = 11122333301
<b>HL*4*3*23*0~</b>	Hierarchical ID Number = 4 Hierarchical Parent ID Number = 3 Hierarchical Level Code = 23 Hierarchical Child Code = 0
<b>TRN*1*93175-012547*9877281234~</b>	Trace Type Code = 1 (Current Transaction Trace Number) Reference Identification = 93175-012547 Originating Company Identifier = 9877281234 Reference Identification = * not used
<b>NM1*03*1*SMITH*MARY~</b>	Entity Identifier Code = 03 (Dependent) Entity Type Qualifier = 1 (Person) Last Name = Smith First Name = Mary Middle Name = * not used Name Prefix = * not used Name Suffix = * not used * not used Identification Code = * not used
<b>DMG*D8*19781014~</b>	Date Time Period Format = D8 (Date Expressed in Format CCYYMMDD) Date Time Period = 19781014
<b>DTP*291*D8*20200501~</b>	Date/Time Qualifier = 291 (Plan) Date Time Period Format Qualifier D8 (Dates Expressed in Format CCYYMMDD) Date Time Period = 20200501(May 1, 2020)

**EQ\*30~**

Service Type Code = 30 (Health Benefit Plan Coverage)

**SE\*15\*1234~**

Number of Included Segments = 15  
Transaction Set Control Number = 1234

## Response:

### Response to a generic request by a physician for the patient's (dependent) eligibility.

This is an example of an eligibility response from a payer to an individual provider based on the request in Section 3.2.1 - Request. The request is from Bone and Joint Clinic to the CareSource. This response illustrates the required components outlined in Section 1.4.7 - Implementation-Compliant Use of the 270/271 Transaction Set. The payer has indicated the patient (the dependent) has active coverage for the health plan, the beginning date for their coverage with the plan, active coverage for all the benefits outlined in Section 1.4.7 - Implementation-Compliant Use of the 270/271 Transaction Set and they have a Primary Care Physician.

**ST\*271\*4322\*005010X279~**

Transaction Set ID Code = 271 (Eligibility, Coverage or Benefit Information)  
Transaction Set Control Number = 4322  
Implementation Convention Reference = 005010X279

**BHT\*0022\*11\*10001235\*20200501\*1319~**

Hierarchical Structure Code = 0022 (Information Source, Information Receiver, Subscriber, Dependent)  
Transaction Set Purpose Code = 11 (Response Identification)  
Reference Identification = 10001235  
Date = 20200501 (May 1, 2020)  
Time = 1:19 PM

**HL\*1\*\*20\*1~**

Hierarchical ID Number = 1  
Hierarchical Parent ID Number = \* not used  
Hierarchical Level Code = 20 (Information Source)  
Hierarchical Child Code = 1

**NM1\*PR\*2\*CARESOURCE\*\*\*\*\*PI\*  
842610001~**

Entity Identifier Code = PR (Payer)  
Entity Type Qualifier = 2 (Non-Person Entity)  
Last Name = CareSource  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = PI (Payer Identification)  
Identification Code = 842610001



**HL\*2\*1\*21\*1~**

Hierarchical ID Number = 2  
Hierarchical Parent ID Number = 1  
Hierarchical Level Code = 21 (Information Receiver)  
Hierarchical Child Code = 1

**NM1\*1P\*2\*BONE AND JOINT CLINIC\*\*\*\*\*  
SV\*2000035~**

Entity Identifier Code = 1P (Provider)  
Entity Type Qualifier = 2 (Non-Person Entity)  
Last Name = Bone and Joint Clinic  
First Name = \* not used  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV (Service Provider  
Number)  
Identification Code = 2000035

**HL\*3\*2\*22\*1~**

Hierarchical ID Number = 3  
Hierarchical Parent ID Number = 2  
Hierarchical Level Code = 21 (Subscriber)  
Hierarchical Child Code = 1

**NM1\*IL\*1\*SMITH\*JOHN\*\*\*\*MI\*  
123456789~**

Entity Identifier Code = IL (Insured or Subscriber)  
Entity Type Qualifier = 1 (Person)  
Last Name = Smith  
First Name = John  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = MI (Member  
Identification)  
Identification Code = 123456789

**N3\*15197 BROADWAY AVENUE\*APT 215~**

Address Information = 15197 BROADWAY  
AVENUE  
Address Information = APT 215

**N4\*DAYTON\*OH\*45405~**

City = Dayton  
State or Prov Code = OH  
Postal Code = 45405

**DMG\*D8\*19630519\*M~**

Date Time Period Format = D8 (Date Expressed in  
Format CCYYMMDD)

Date Time Period = 19630519  
Gender Code = M (Male)

**HL\*4\*3\*23\*1~**

Hierarchical ID Number = 4  
Hierarchical Parent ID Number = 3  
Hierarchical Level Code = 23 (Dependent)  
Hierarchical Child Code = 0

**TRN\*2\*93175-012547\*9877281234~**

Trace Type Code = 2 (Referenced Transaction  
Trace Number)  
Reference Identification = 93175-012547  
Originating Company Identifier = 9877281234  
Reference Identification = \* not used

**NM1\*03\*1\*SMITH\*MARY~**

Entity Identifier Code = 03 (Dependent)  
Entity Type Qualifier = 1 (Person)  
Last Name = Smith  
First Name = Mary  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = \* not used  
Identification Code = \* not used

**N3\*15197 BROADWAY AVENUE\*APT 215~**

Address Information = 15197 BROADWAY  
AVENUE  
Address Information = APT 215

**N4\*Dayton\*OH\*45405~**

City = Dayton  
State or Prov Code = OH  
Postal Code = 45405

**DMG\*D8\*19981014\*F~**

Date Time Period Format = D8 (Date Expressed in  
Format CCYYMMDD)  
Date Time Period = 19981014  
Gender Code = F (Female)

**INS\*N\*19~**

Yes/No Condition Or Response Code (Insured  
Indicator) = N (No)  
Individual Relationship Code = 19 (Child)

**DTP\*346\*D8\*20200101~**

Date/Time Qualifier = 346 (Plan Begin)  
Date Time Period Format Qualifier D8 (Dates)

Expressed in Format CCYYMMDD)  
Date Time Period = 20200101 (January 1, 2020)

**EB\*1\*\*30\*\*GOLD 123 PLAN~**

Eligibility or Benefit Information Code = 1 (Active Coverage)  
Coverage Level Code = \* not used  
Service Type Code = 30 (Health Benefit Plan Coverage)  
Insurance Type Code = \* not used  
Plan Coverage Description = Gold 123 Plan

**EB\*L~**

Eligibility or Benefit Information Code = L (Primary Care Provider)

**LS\*2120~**

Loop Identifier Code = 2120

**NM1\*P3\*1\* JONES\* MARCUS\*\*\*\*  
SV\*0202034~**

Entity Identifier Code = P3 (Primary Care Provider)  
Entity Type Qualifier = 1 (Person)  
Last Name = Jones  
First Name = Marcus  
Middle Name = \* not used  
Name Prefix = \* not used  
Name Suffix = \* not used  
Identification Code Qualifier = SV Service Provider Number  
Identification Code = 0202034

**LE\*2120~**

Loop Identifier Code = 2120

**EB\*1\*\*1^33^35^47^86^88^98^  
AL^MH^UC~**

Eligibility or Benefit Information Code = 1 (Active Coverage)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)  
Service Type Code = 98 (Professional (Physician) Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)

**EB\*B\*\*1^33^35^47^86^88^98^AL^MH^  
UC\*HM\*GOLD 123 PLAN\*27\*10\*\*\*\*\*Y~**

Eligibility or Benefit Information Code = B  
(Co-Payment)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)  
Service Type Code = 98 (Professional (Physician)  
Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)  
Insurance Type Code = HM (Health Management  
Organization (HMO))  
Plan Coverage Description = GOLD 123 PLAN  
Time Period Qualifier = 27 (Visit)  
Monetary Value = 10 (Dollar)  
Percent = \* not used  
Quantity Qualifier = \* not used  
Quantity = \* not used  
Yes/No Condition Or Response Code  
(Certification/Authorization Indicator) = \* not used  
Yes/No Condition Or Response Code (In Plan  
Network Indicator) = Y (Yes – In Network)

**EB\*B\*\*1^33^35^47^86^88^98^AL^MH^UC  
\*HM\*GOLD 123 PLAN\*27\*30\*\*\*\*\*N~**

Eligibility or Benefit Information Code = B  
(Co-Payment)  
Coverage Level Code = \* not used  
Service Type Code = 1 (Medical Care)  
Service Type Code = 33 (Chiropractic)  
Service Type Code = 35 (Dental Care)  
Service Type Code = 47 (Hospital)  
Service Type Code = 86 (Emergency Services)  
Service Type Code = 88 (Pharmacy)  
Service Type Code = 98 (Professional (Physician)  
Visit - Office)  
Service Type Code = AL (Vision (Optometry))  
Service Type Code = MH (Mental Health)  
Service Type Code = UC (Urgent Care)  
Insurance Type Code = HM (Health Management  
Organization (HMO))  
Plan Coverage Description = GOLD 123 PLAN  
Time Period Qualifier = 27 (Visit)  
Monetary Value = 30 (Dollar)  
Percent = \* not used  
Quantity Qualifier = \* not used

Quantity = \* not used  
Yes/No Condition Or Response Code  
(Certification/Authorization Indicator) = \* not used  
Yes/No Condition Or Response Code (In Plan  
Network Indicator) = N (No – Out of Network)

**SE\*28\*4322~**

Number of Included Segments = 28  
Transaction Set Control Number = 4322