The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (004010X092A1). The specifications in this document are clarifications that are allowed within the HIPAA transaction sets. The Medicare COB Contractor will only accept and send data in this transaction that is allowed by the HIPAA rules and guides. **This document does not outline all data segments and elements that are in the HIPAA transaction set guide. This document will only address segments as they apply to the COB Contactor.**

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/products/publications.

Purpose of the 270/271 Health Care Eligibility Benefit Inquiry and Response

The 270 Transaction Set is used to transmit Health Care Eligibility Benefit Inquiries from health care providers, insurers, clearinghouses and other health care adjudication processors. The 270 Transaction Set can be used to make an inquiry about the Medicare eligibility of an individual.

The 271 Transaction Set is the appropriate response mechanism for Health Care Eligibility Benefit Inquiries. There are several levels (i.e. Information Source, Information Receiver, Subscriber, etc.) at which a transaction can be rejected for incomplete or erroneously formatted inquiry information. The AAA Request Validation segment is used to communicate the reason for the failure at the appropriate level. For a detailed analysis AAA segment and its use, please refer to Page 23 of the 270/271 Implementation Guide.

Special Notes – Applicable to the Entire Transaction

- Syntax: Always use a tilde (~) as the segment terminator, an asterisk (*) as the element separator and a colon (:) as the subelement separator. Alpha characters should always be submitted in ALL CAPS.
- The 270 file must be formatted to a record length of 80 bytes wrapped.
- The 271 file will be sent also in a 80 byte wrapped format.
- For the 270, We use multiple eligibility requests in one transaction set (ST/SE), and one functional group (GS/GE) and one interchange (ISA/IEA) per file.

Example:

ISA

GS

ST

Eligibility Request

Eligibility Request

Eligibility Request

Eligibility Request

••••

SE

GS

IEA

• For the 271, we use multiple eligibility response in one transaction set (ST/SE), and one functional group (GS/GE) and one interchange (ISA/IEA) per file.

Example:

ISA

GS

ST

Eligibility Response

Eligibility Response

Eligibility Response

Eligibility Response

••••

SE

GS

IEA

270/271 File Translation

• The COB Contractor has HEW (HIPAA Eligibility Wrapper) software available for translating the COB Medicare eligibility query and response files into and out of the 270/271 formats. This software is available in both a mainframe and a PC compatible format to Responsible Reporting Entities under Section 111 Mandatory Reporting. If you choose to use a different translator you will need to ensure that the information used to create the file is compatible with the COB processing as defined in the following file specification. Please note that the HEW software can only be used for translation of the COB Medicare eligibility query file format.

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Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
Interchan	ge Control Header	Fixed leng	th section	- include spaces to fill entire field	
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (fill with 10 spaces)	
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (fill with 10 spaces)	
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB. This field must be 15 bytes in length. The 9-digit RRE number should be left justified within the field. Leading zeros should be used to populate the 9-digits. The remaining 6-bytes should be filled with spaces.	012345678
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	'CMS' – Field must be 15 bytes and left justified. Fill balance of field with spaces.	CMS
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	090427

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	1734
ISA11	Interchange Control Standards Identifier	ISA	N/A	'U' (for U.S. EDI Community of ASC X12, TDCC and UCS)	U
ISA12	Interchange Control Version Number	ISA	N/A	'00401'	00401
ISA13	Interchange Control Number	ISA	N/A	Unique number that should start with 1 and increment by 1 with each ISA record submitted. The number should be 9 digits.	00000001
ISA14	Acknowledgment Requested	ISA	N/A	'0' (zero for no Interchange Acknowledgment Requested)	0
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data) * Data Set name determines whether file will be processed as production or test. Always use 'P'	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:
Functional	Group Header V	ariable len	gth sectio	n	
GS01	Functional Identifier Code	GS	N/A	'HS' (for Eligibility, Coverage or Benefit Inquiry- 270)	HS
GS02	Application Sender's Code	GS	N/A	The RRE number must contain 9 digits. Populate leading positions with zeros.	012345678
GS03	Application Receiver's Code	GS	N/A	Value = 'CMS'	CMS
GS04	Date	GS	N/A	Functional Group Creation date in CCYYMMDD format	20090428
GS05	Time	GS	N/A	Functional Group Creation time in HHMM or HHMMSS format	1425 or 142530

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		
GS06	Group Control Number	GS	N/A	Unique number within the interchange that must be identical to value in GE02 (should begin with '1' and increment by 1 for each GS-GE)	01
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'004010X092A1'	004010X092A1
Transaction	n Set Header – Indicates the st	tart of the T	ransaction	n Set (Variable length section)	
ST01	Transaction Set Identifier	ST	N/A	'270' (for Eligibility, Coverage, or Benefit Inquiry)	270
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to value in SE02 (should begin with '0001' and increment by 1 for each ST-SE).	0001
Beginning	of Hierarchical Transaction –	First segme	ent of the	270 Transaction set (Variable length section)	
BHT01	Hierarchical Structure Code	BHT	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose	BHT	N/A	'13' (for request)	13
BHT04	Transaction Set Creation Date	BHT	N/A	Creation date of file expressed in CCYYMMDD format	20090428
BHT05	Transaction Set Creation Time	ВНТ	N/A	Creation time of file expressed in HHMM format	1411

Element	Element Name	Segment	_	Valid Value(s)	Format Example
ID		ID	ID		
Please refe	r to the 270/271 Implementat	ion Guide fo	or Notes a	nd Gray Box comments regarding use of the 200	00A-HL segment.
(variable le	ength)				
HL01	Hierarchical ID Number	HL	2000A	HL01 must begin with the number one (1)	HL*1
				and increase by 1 for each subsequent HL	
				segment. Only numeric values are allowed in HL01.	
HL03	Hierarchical Level code	HL	2000A	'20' (for Information Source).	HL*1**20
HL04	Hierarchical Child code	HL	2000A	'1' (to indicate that subordinate HL segments will follow).	HL*1**20*1
Information	n Receiver Name				
NM101	Entity Identifier Code	NM1	2100A	'PR' (for payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM108	Identification Code Qualifier	NM1	2100A	'PI' (for Payer Information)	PI
NM109	Information Source	NM1	2100A	'CMS'	CMS
	Primary Identifier				
	*	ion Guide fo	or Notes a	nd Gray Box comments regarding use of the 200	0B-HL segment.
(variable le	0 /	1	T		T
HL01	Hierarchical ID Number	HL	2000B	HL01 value at this loop should be '2'. Only numeric values are allowed in HL01.	HL*2
HL02	Hierarchical Parent ID Number	HL	2000B	Should always be '1' at this loop	HL*2*1
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver)	HL*2*1*21
HL04	Entity Child Code	HL	2000B	'1' (for Additional Subordinate HL Data	HL*2*1*21*1
				Segment in this Hierarchical Structure –	
				refers to Subscriber info in 2000C loop)	
NM101	Entity Identifier Code	NM1	2100B	'P5' (for Plan Sponsor)	P5

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		
NM102	Entity Type Qualifier	NM1	2100B	'2' (for Non-Person entity)	2
NM108	Identification Code	NM1	2100B	'PI' (for Payer Information)	PI
	Qualifier				
NM109	Information Receiver	NM1	2100B	The RRE number must contain 9 digits.	012345678
	Identification Number			Populate leading positions with zeros.	
Please refe	r to the 270/271 Implementati	ion Guide fo	or Notes a	nd Gray Box comments regarding use of the 200	0C-HL segment.
(variable le					
HL01	Hierarchical ID Number	HL	2000C	HL01 value at this loop should begin with '3'	HL*3
				and increment by one for each new	
				transaction in the transaction set. Only	
				numeric values are allowed in HL01.	
HL02	Hierarchical Parent ID	HL	2000C	Should always be '2' at this loop	HL*3*2
	Number				
HL03	Hierarchical Level code	HL	2000C	'22' (for Subscriber)	HL*3*2*22
HL04	Entity Child Code	HL	2000C	'0' (for No Subordinate HL Segment in this	HL*3*2*22*0
				Hierarchical Structure – refers to the fact that	
				the Subscriber is always the Recipient/Patient	
The 2100C	-NM1 – Subscriber Name seg	gment ident	ifies the su	ubscriber (insured) by name and identification nu	ımber. (variable
length)					
NM101	Entity Identifier Code	NM1	2100C	'IL' (for insured or subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM103	Subscriber Last Name	NM1	2100C	First 6 bytes of Last Name of subscriber	DOE
				(insured)	
NM104	Subscriber First Name	NM1	2100C	First initial of subscriber (insured)	J
NM108	Identification Code	NM1	2100C	'MI' (for member identification number)	MI
	Qualifier				
NM109	Subscriber Primary	NM1	2100C	Member's HICN	123456789A

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
	Identifier				
Information	Receiver Additional Identif	ication			
REF01	Reference Identification Qualifier	REF	2100C	'IG' (for insurance policy number)	IG
REF02	Subscriber Supplemental Identifier	REF	2100C	Plan enrollees Social Security Number (9-digits) Do not include hyphens.	99999999
The 2100C	-DMG-Subscriber Demograp	hic Informa	tion segm	ent is situational. This segment should be sent w	when the value in
2100C-NM	109 is not known and the bir	th date can l	oe used to		
DMG01	Date Time Period Format	DMG	2100C	'D8' (for Date Expressed in format CCYYMMDD)	D8
DMG02	Subscriber Birth Date	DMG	2100C	Member's Date of Birth in format CCYYMMDD	19351215
DMG03	Subscriber Gender Code	DMG	2100C	'F' (for female) 'M' (for male) 'U' (for unknown)	F
Transaction	Set Trailer – Indicates the en	nd of the Tr	ansaction	Set	
SE01	Transaction Segment Count	SE	N/A	Total Number of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to the value in ST02.	0001
Functional	Group Trailer				
GE01	Number of Transaction Sets Included	GE	N/A	Total Number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that must be identical to GS06	0001

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		
Interchange	e Control Trailer				
IEA01	Number of Included	IEA	N/A	Count of the number of functional groups	1
	Functional Groups			included in an interchange.	
IEA02	Interchange Control	IEA	N/A	Control number assigned by the interchange	000000001
	Number			sender that should be 9 characters and be	
				identical to the value in ISA13.	

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Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		
Interchan	ge Control Header	Fixed len	gth sectio	on- include spaces to fill entire field	
ISA01	Authorization Information	ISA	N/A	'00' (zero, zero) – No Authorization	00
	Qualifier			Information Present (No meaningful	
				information in ISA02)	
ISA02	Authorization Information	ISA	N/A	Blank (fill with 10 spaces)	
ISA03	Security Information	ISA	N/A	'00' (zero, zero) – No Authorization	00
	Qualifier			Information Present (No meaningful	
				information in ISA04)	
ISA04	Security Information	ISA	N/A	Blank (fill with 10 spaces)	
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	'COB' – Field must be 15 bytes and left	COB
				justified. Fill balance of field with spaces.	
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID ISA08	Interchange Receiver ID	ID ISA	ID N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB. This field must be	012345678
				15 bytes and left justified. Fill balance of field with spaces.	
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	090427
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	1734
ISA11	Interchange Control Standards Identifier	ISA	N/A	'U' (for U.S. EDI Community of ASC X12, TDCC and UCS)	U
ISA12	Interchange Control Version Number	ISA	N/A	'00401'	00401
ISA13	Interchange Control Number	ISA	N/A	Unique number that should start with 1 and increment by 1 with each ISA record submitted. The number should be 9 digits and identical to IEA02.	00000001
ISA14	Acknowledgment Requested	ISA	N/A	'0' (zero for no Interchange Acknowledgment Requested)	0
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data) * Data Set name determines whether file will be processed as production or test. Always use 'P'	Р
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:
Functional	Group Header				
GS01	Functional Identifier Code	GS	N/A	'HB' (for Eligibility, Coverage or Benefit Inquiry- 271)	НВ
GS02	Application Sender's	GS	N/A	COB	COB

Element ID	Element Name	Segment	Loop	Valid Value(s)	Format Example
Ш	Code	ID	ID		
GS03	Application Receiver's Code	GS	N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB.	012345678
GS04	Date	GS	N/A	Functional Group Creation date in CCYYMMDD format	20090428
GS05	Time	GS	N/A	Functional Group Creation time in HHMM or HHMMSS format	1425 or 142530
GS06	Group Control Number	GS	N/A	Unique number within the interchange. Will begin with 0001 and will increment by 1 for each ISA sent, and will be identical to GE02)	0001
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'004010'	004010
Transactio	on Set Header – Indicates the	start of the	Transacti	on Set	<u> </u>
ST01	Transaction Set Identifier	ST	N/A	'271' (for Eligibility, Coverage or Benefit Information)	271
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to the value in SE02 (should begin with '0001' and increment by 1 for each ST-SE)	0001
Beginning	of Hierarchical Transaction -	- First segm	ent of the	e 271 Transaction Set	
BHT01	Hierarchical Structure Code	ВНТ	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	'11' (for response)	11
BHT03	Reference Identification	BHT	N/A	Number assigned by the originator to identify	012345678

Element	Element Name	Segment	Loop	Valid Value(s)	Format Example
ID		ID	ID		_
				the transaction. Populate with 9-digit	
				Responsible Reporting Entity (RRE) number	
				assigned by COB.	
BHT04	Date	BHT	N/A	Creation date of file expressed in	20090428
				CCYYMMDD format	
BHT05	Time	BHT	N/A	Creation time of file expressed in HHMMSS	141125
				format	
	•	tion Guide t	for Notes	and Gray Box comments regarding use of the 200	0A-HL segment.
(variable l		T	T		
HL01	Hierarchical ID Number	HL	2000A	HL01 must begin with the number one (1) and	HL*1
				increase by 1 for each subsequent HL segment.	
				Only numeric values are allowed in HL01.	
HL03	Hierarchical Level code	HL	2000A	'20' (for Information Source).	HL*1**20
HL04	Hierarchical Child code	HL	2000A	'1' (to indicate that subordinate HL segments	HL*1**20*1
				will follow).	
NM101	Entity Identifier Code	NM1	2100A	'PR' (for Payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM108	Identification Code	NM1	2100A	Eligibility or Benefit Information	PI
	Qualifier				
NM109	Information Source	NM1	2100A	Coverage Level code	CMS
	Primary Identifier				
Informatio	n Receiver 2000B Loop (van	riable lengti	<u>h)</u>		
HL01	Hierarchical ID Number	HL	2000B	HL01 must begin with the number one (1) and	HL*2
				increase by 1 for each subsequent HL segment.	
				Only numeric values are allowed in HL01.	
HL02	Hierarchical Parent ID	HL	2000B	'1' to identify hierarchical ID number of the	HL*2*1
	Number			HL segment to which current segment is	

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
110			ID	subordinate	
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver).	HL*2*1*21
HL04	Hierarchical Child code	HL	2000B	'1' (to indicate that subordinate HL segments will follow).	HL*2*1*21*1
NM101	Entity Identifier Code	NM1	2100B	'P5' (for Plan Sponsor)	P5
NM102	Entity Type Qualifier	NM1	2100B	'2' (for Non-Person Entity)	2
NM108	Identification Code Qualifier	NM1	2100B	'PI' (for Payer Identification)	PI
NM109	Information Source Primary Identifier	NM1	2100B	9-digit Responsible Reporting Entity (RRE) number assigned by COB. This field must be 15 bytes and left justified. Fill balance of field with spaces.	012345678
Subscriber	Level – 2000C loop (variab	le length)			
HL01	Hierarchical ID Number	HL	2000C	HL01 must begin with the number one (3) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	HL*3
HL02	Hierarchical Parent ID Number	HL	2000C	HL02 identifies the Hierarchical ID number of the HL segment to which the current HL segment is subordinate.	HL*3*2
HL03	Hierarchical Level code	HL	2000C	'22' (for Subscriber)	HL*3*2*22
HL04	Hierarchical Child code	HL	2000C	'1' (to indicate that subordinate HL segments will follow).	HL*3*2*22*1
TRN01	Trace Type Code	TRN	2000C	'1' (for Current Transaction Trace Numbers) – refers to trace or reference number assigned by the creator of the 271 transaction (the information source)	1
TRN02	Trace Number	TRN	2000C	Reference number sent in the 270 Inquiry	123456789

Element	Element Name	Segment		Valid Value(s)	Format Example			
ID		ID	ID					
				transaction (when '2' qualifier is present in				
				TRN01) or new reference number (when '1'				
				qualifier is present in TRN01) Document				
				control number				
TRN03	Originating Company ID	TRN	2000C	The number '9' plus the RRE number. The	9002345678			
				RRE number must contain 9 digits. Populate				
				leading positions with zeros.				
The 2100C-NM1 – Subscriber Name segment identifies the subscriber (insured) for whom the eligibility information was requested.								
NM101	Entity Identifier Code	NM1	2100C	'IL' (for insured or subscriber)	IL			
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1			
NM103	Subscriber Last Name	NM1	2100C	First 6 bytes of Last Name of subscriber	DOE			
				(insured)				
NM104	Subscriber First Name	NM1	2100C	First initial of subscriber (insured)	J			
NM108	Identification Code	NM1	2100C	'MI' (for member identification number)	MI			
	Qualifier							
NM109	Subscriber Primary	NM1	2100C	Member's HICN – current HICN will be	123456789A			
	Identifier			returned if an older one was submitted				
REF01	Reference Identification	REF	2100C	'IG' Insurance Policy Number	IG			
	Qualifier							
REF02	Subscriber Supplemental	REF	2100C	Subscriber Social Security Number – If the	99999999			
	Identifier			SSN provided does not match the SSN on file,				
				zeros will be returned.				
Subscriber Request Validation - Situational Only included if insured not found. If segment is not included a match was found.								
AAA01	Valid Request Indicator	AAA	2100C	'Y' (for yes)	Y			
AAA03	Reject Reason Code	AAA	2100C	'75' (for subscriber/insured not found)	75			
AAA04	Follow-up Action Code	AAA	2100C	'C' (for correct and resubmit)	С			

Element	Element Name	Segment	_	Valid Value(s)	Format Example				
ID		ID	ID						
The 2100C-DMG-Subscriber Demographic Information segment. This segment should be sent when the value in 2100C-NM109 is									
not known and the birth date can be used to identify the subscriber.									
DMG01	Date Time Period Format	DMG	2100C	'D8' (for Date Expressed in format	D8				
				CCYYMMDD)					
DMG02	Subscriber Birth Date	DMG	2100C	Member's Date of Birth in format	19351215				
				CCYYMMDD					
DMG03	Subscriber Gender Code	DMG	2100C	'F' (for female) 'M' (for male) 'U' (for	F				
				unknown)					
Transaction Set Trailer – Indicates the end of the Transaction Set									
SE01	Transaction Segment	SE	N/A	Total Number of segments included in a	42				
	Count			transaction set (including the ST and SE					
				segments)					
SE02	Transaction Set Control	SE	N/A	Unique number to the interchange that must be	0001				
	Number			identical to the value in ST02.					
Functional Group Trailer									
GE01	Number of Transaction	GE	N/A	Total Number of transaction sets included in	1				
	Sets Included			the functional group					
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that	0001				
				must be identical to GS06					
Interchange Control Trailer									
IEA01	Number of Included	IEA	N/A	Count of the number of functional groups	1				
	Functional Groups			included in an interchange.					
IEA02	Interchange Control	IEA	N/A	Control number assigned by the interchange	000000001				
	Number			sender that should be 9 characters and be					
				identical to the value in ISA13.					