



Production Companion Guide: *270/271 Eligibility* Benefit Transaction

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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *IHCP Companion Guide* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda* (IG) and provide guidance and clarification as it applies to the IHCP. The *IHCP Companion Guide* is never intended to modify, contradict, or reinterpret the rules established by the IGs.

The *Companion Guide* is categorized into three sections:

1. Introduction
2. Interchange control
3. Transaction specifications

This section, *Introduction*, provides a general description of the Eligibility Benefit Transaction. *Section 2* describes data exchange options and the relevant inbound and outbound interchange control structures. *Section 3* contains transaction-specific documentation, including segment usage, to assist developers with coding each transaction.

Note: All references to the IHCP provider number included in this Companion Guide refer to the Indiana Health Coverage Program legacy provider number.

270 Eligibility Benefit Request Transaction Specifications

The ASC X12N 270 (04010X092 and 004010X092A1 Addenda) transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated method for submitting an eligibility request. The transaction may be designed to request general IHCP program eligibility information or program benefit limitations. The 270 Eligibility Benefit Transaction (also referred to as the 270 request transaction, 270 transaction, or 270) may be submitted in either batch or interactive mode.

This section is intended only as a companion guide and is not intended to contradict or replace any information in the IG or the *IHCP Provider Manual*.

It is important to remember the following regardless of the method used to verify eligibility:

- If the member is identified as having a primary care provider, the physician identified must be contacted to determine whether a referral is needed
- If the member is identified as a risk based managed care member, the managed care entity (MCE) identified in the response must be contacted for more specific program information.
- It is important to consult the *IHCP Provider Manual*, especially *Chapter 2: Member Eligibility and Services*, *Chapter 6: Prior Authorization*, and *Chapter 8: Billing Instructions*. The *IHCP Provider Manual* is available at <http://www.indianamedicaid.com/ihcp/publications/manuals.htm>.
- It is highly recommended that implementers have the following resources available during the development process:

- This document, the *Companion Guide: 270/271 Eligibility Benefit Transaction*
- The *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda*
- The [IHCP Provider Manual](#)

Maximums

Only one transaction (ST-SE) is allowed in interactive mode. Only one patient request per transaction is allowed in interactive mode. One patient is defined as one subscriber loop in the entire transaction. In interactive mode, only one provider request is allowed per transaction. One provider is defined as one provider loop in the entire transaction.

When using batch mode, to optimize processing time, the IHCP recommends limiting the number of patient requests per transaction(ST-SE) to 25

If more than 99 patient requests are sent per transaction, the IHCP processes up to 99 and sends AAA 04 in the information source loop of 2100A.

Provider requests are not limited when using batch mode.

997 Functional Acknowledgement

For interactive transactions, either a 271 – *Eligibility Benefit Response Transaction* or a 997 – *Functional Acknowledgement* is returned. For batch transactions, a 997 – *Functional Acknowledgement* is returned.

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each National Electronic Data Interchange Transaction Set Implementation Guide (ASC X12N~)(IG), the Health Insurance Portability and Accountability Act (HIPAA), provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of this control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP) for the inbound 270 and outbound 271 transactions.

Inbound Transactions

Table 2.1 – Inbound Transactions

| Segment Name | Interchange Control Header | | | | | | | | | | | | | | |
|---|---|------------------------|--|-----------|------|-----------|---|----------|------------------------|---|-------|----------------------|---|-------|--------------------|
| Segment ID | ISA | | | | | | | | | | | | | | |
| Loop ID | N/A | | | | | | | | | | | | | | |
| Usage | Required | | | | | | | | | | | | | | |
| Segment Notes | <p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. The following are examples of the separators.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Character</th> <th style="background-color: #d3d3d3;">Name</th> <th style="background-color: #d3d3d3;">Delimiter</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">*</td> <td style="text-align: center;">Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td style="text-align: center;">:</td> <td style="text-align: center;">Colon</td> <td>Subelement Separator</td> </tr> <tr> <td style="text-align: center;">~</td> <td style="text-align: center;">Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table> | | | Character | Name | Delimiter | * | Asterisk | Data Element Separator | : | Colon | Subelement Separator | ~ | Tilde | Segment Terminator |
| Character | Name | Delimiter | | | | | | | | | | | | | |
| * | Asterisk | Data Element Separator | | | | | | | | | | | | | |
| : | Colon | Subelement Separator | | | | | | | | | | | | | |
| ~ | Tilde | Segment Terminator | | | | | | | | | | | | | |
| While it is not required that submitters use these specific delimiters, they are the ones that the IHCP uses for all outbound transactions. | | | | | | | | | | | | | | | |
| Example | <pre>ISA* 00** 00*.....* ZZ* IN999999..* ZZ*IHCP.....* 930602* 1253* U* 00401* 000000905* 1* P* :~</pre> | | | | | | | | | | | | | | |

Table 2.2 – Inbound Transactions, Element ID ISA01-ISA16

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| ISA01 | R | Authorization Information Qualifier 00 – No Authorization Information Present | |
| ISA02 | R | Authorization Information Insert 10 blanks | Always blank. Insert 10 blank spaces. |
| ISA03 | R | Security Information Qualifier 00 – No Security Information Present | |
| ISA04 | R | Security Information Insert 10 blanks | Always blank. Insert 10 blank spaces. |
| ISA05 | R | Interchange ID Qualifier ZZ – Mutually Defined | |
| ISA06 | R | Interchange Sender ID | For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right. |
| ISA07 | R | Interchange ID Qualifier ZZ – Mutually Defined | |
| ISA08 | R | Interchange Receiver ID IHCP | This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right. |
| ISA09 | R | Interchange Date | The date format is YYMMDD. |
| ISA10 | R | Interchange Time | The time format is HHMM. |
| ISA11 | R | Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS | |
| ISA12 | R | Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997 | |

Table 2.2 – Inbound Transactions, Element ID ISA01-ISA16

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| ISA13 | R | Interchange Control Number | The interchange control number (ICN) is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero-filled. This number should be unique and the IHCP recommends that it be incremented by one with each ISA segment. |
| ISA14 | R | Acknowledgment Requested 0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested | The IHCP always creates an acknowledgment file for each file received. |
| ISA15 | R | Usage Indicator P – Production Data T – Test Data | During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions. |
| ISA16 | R | Component Element Separator | The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different from the data element separator and the segment terminator. |

Table 2.3 – Inbound Transactions, Functional Group Header

| Segment Name | Functional Group Header |
|---------------|---|
| Segment ID | GS |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | GS*HS*IN999999*IHCP*20020606*105531*5*X*004010X092A1~ |

Table 2.4 – Inbound Transactions, Element ID GS01-GS08

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| GS01 | R | Functional Identifier Code HS – Eligibility, Coverage or Benefit Inquiry (270) | Use the appropriate identifier to designate the type of transaction data to follow the GS segment. |

Table 2.4 – Inbound Transactions, Element ID GS01-GS08

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| GS02 | R | Application Sender's Code | For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). |
| GS03 | R | Application Receiver's Code IHCP | |
| GS04 | R | Date | The date format is CCYYMMDD. |
| GS05 | R | Time | The time format is HHMMSS |
| GS06 | R | Group Control Number | Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment. |
| GS07 | R | Responsible Agency Code X – Accredited Standards Committee X12 | |
| GS08 | R | Version/Release/Industry Identifier Code 004010X092A1 – 270 | Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction IG for proper value. |

Table 2.5 – Inbound Transactions, Functional Group Trailer

| Segment Name | Functional Group Trailer |
|---------------|--------------------------|
| Segment ID | GE |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | GE*1*5~ |

Table 2.6 – Inbound Transactions, Element ID GE01-GE02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|-------------------------------------|---|
| GE01 | R | Number of Transaction Sets Included | Use the number of transaction sets included in this functional group. |
| GE02 | R | Group Control Number | Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06. |

Table 2.7 – Inbound Transactions, Interchange Control Trailer

| Segment Name | Interchange Control Trailer |
|---------------|-----------------------------|
| Segment ID | IEA |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | IEA*1*000000905~ |

Table 2.8 – Inbound Transactions, Element ID IEA01-IEA02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------------|--|
| IEA01 | R | Number of Included Functional Groups | Use the number of functional groups included in this interchange envelope. |
| IEA02 | R | Interchange Control Number | Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros. |

Sample Inbound Interchange Control

Figure 2.1 illustrates a file that includes a 270 transaction.

```

ISA* 00* .....* 00*.....* ZZ* IN999999..* ZZ*IHCP.....* 930602*
1253* U* 00401* 000000905* 1* P* :~
GS*HS*IN999999*IHCP*20020606*105531*5*X*004010X092A1~
ST - 270 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 270 TRANSACTION SET TRAILER
GE*1*5~
GS*HC*IN999999*IHCP*20020606*105531*5*X*004010X098A1~
ST - 837 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 837 TRANSACTION SET TRAILER
GE*1*5~
IEA*2*000000905~
    
```

Figure 2.1 – Inbound Interchange Control

Outbound Transactions

Table 2.9 – Outbound Transactions, Interchange Control Header

| Segment Name | Interchange Control Header | | |
|---------------|---|----------|------------------------|
| Segment ID | ISA | | |
| Loop ID | N/A | | |
| Usage | Required | | |
| Segment Notes | <p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Following are examples of the separators.</p> | | |
| | Character | Name | Delimiter |
| | * | Asterisk | Data Element Separator |
| | : | Colon | Subelement Separator |
| | ~ | Tilde | Segment Terminator |
| Example | ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~ | | |

Table 2.10 – Outbound Transactions, Element ID ISA01-ISA16

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| ISA01 | R | Authorization Information Qualifier 00 – No Authorization Information Present | |
| ISA02 | R | Authorization Information | This field always includes 10 blank spaces. |
| ISA03 | R | Security Information Qualifier 00 – No Security Information Present | |
| ISA04 | R | Security Information | This field always contains 10 blank spaces. |
| ISA05 | R | Interchange ID Qualifier ZZ – Mutually Defined | |
| ISA06 | R | Interchange Sender ID IHCP | This field has a required length of 15 bytes; therefore, the field is blank-filled to the right. |
| ISA07 | R | Interchange ID Qualifier ZZ – Mutually Defined | |

Table 2.10 – Outbound Transactions, Element ID ISA01-ISA16

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| ISA08 | R | Interchange Receiver ID | For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right. |
| ISA09 | R | Interchange Date | The date format is YYMMDD. |
| ISA10 | R | Interchange Time | The time format is HHMM. |
| ISA11 | R | Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS | |
| ISA12 | R | Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997 | |
| ISA13 | R | Interchange Control Number | This number is unique and increments by one with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer. |
| ISA14 | R | Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested | |
| ISA15 | R | Usage Indicator P – Production Data T – Test Data | During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P . |
| ISA16 | R | Component Element Separator | The component element separator is a delimiter and not a data element. This is always a colon (:). |

Table 2.11 – Outbound Transactions, Functional Group Header

| Segment Name | Functional Group Header |
|---------------|---|
| Segment ID | GS |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | GS*HB*IHCP*X222*20020606*105531*5*X*004010X092A1~ |

Table 2.12 – Outbound Transactions, Element ID GS01-GS08

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| GS01 | R | Functional Identifier Code HB – Eligibility, Coverage or Benefit Information (271) | The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment. |
| GS02 | R | Application Sender’s Code IHCP | |
| GS03 | R | Application Receiver’s Code | For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). |
| GS04 | R | Date | The date format is CCYYMMDD. |
| GS05 | R | Time | The time format is HHMMSS. |
| GS06 | R | Group Control Number | This data element contains a uniquely assigned number and matches the number in the corresponding GE02 data element on the GE group trailer segment. |
| GS07 | R | Responsible Agency Code X – Accredited Standards Committee X12 | |
| GS08 | R | Version / Release / Industry Identifier Code 004010X092A1 – 271 | This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. |

Table 2.13 – Outbound Transactions, Functional Group Trailer

| Segment Name | Functional Group Trailer |
|---------------|--------------------------|
| Segment ID | GE |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | GE*1*5~ |

Table 2.14 – Outbound Transactions, Element ID GE01-GE02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|-------------------------------------|--|
| GE01 | R | Number of Transaction Sets Included | This data element contains the number of transaction sets included in this functional group. |
| GE02 | R | Group Control Number | Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06. |

Table 2.15 – Outbound Transactions

| Segment Name | Interchange Control Trailer |
|---------------|-----------------------------|
| Segment ID | IEA |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | |
| Example | IEA*1*000000905~ |

Table 2.16 – Outbound Transactions, Element ID IEA01-IEA02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------------|--|
| IEA01 | R | Number of Included Functional Groups | This data element contains the number of functional groups included in this interchange envelope. |
| IEA02 | R | Interchange Control Number | The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros). |

Sample Outbound Interchange Control

Figure 2.2 illustrates a file that includes a 271 transaction.

```
ISA* 00* .....* 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253*  
U* 00401* 000000905* 1* P* :~  
GS*HB*IHCP*X222*20020606*105531*5*X*004010X092A1~  
ST - 271 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 271 TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.2 – Outbound Interchange Control

Section 3: 270 Eligibility Request and Response Transaction Specifications

Segment Usage – 270 Eligibility Benefit Request

The following matrix lists all segments available for submission using the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda*. It includes a *Usage* column identifying segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). All required segments must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Refer to the *IHCP Provider Manual* for specific eligibility information. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in this section. Any segment identified as *Not Used by the IHCP* is not required for processing by the IHCP.

Table 3.1 – Eligibility Benefit Request Transaction Segments

| Segment ID | Loop ID | Segment Name | IHCP Usage R – Required S – Situational X – Not Used |
|------------|---------|---|---|
| ST | N/A | Transaction Set Header | R |
| BHT | N/A | Beginning of Hierarchical Transaction | R |
| HL | 2000A | Information Source Level | R |
| NM1 | 2100A | Information Source Name | R |
| HL | 2000B | Information Receiver Level | R |
| NM1 | 2100B | Receiver Name | R |
| REF | 2100B | Receiver Additional Identification | S |
| N3 | 2100B | Information Receiver Address | X |
| N4 | 2100B | Information Receiver City/State/ZIP Code | X |
| PER | 2100B | Information Receiver Contact Information | X |
| PRV | 2100B | Information Receiver Provider Information | X |
| HL | 2000C | Subscriber Level | R |
| TRN | 2000C | Subscriber Trace Number | S |
| NM1 | 2100C | Subscriber Name | R |
| REF | 2100C | Subscriber Additional Identification | S |
| N3 | 2100C | Subscriber Address | X |
| N4 | 2100C | Subscriber City/State/ZIP Code | X |
| PRV | 2100C | Provider Information | X |
| DMG | 2100C | Subscriber Demographic Information | S |

Table 3.1 – Eligibility Benefit Request Transaction Segments

| Segment ID | Loop ID | Segment Name | IHCP Usage R – Required S – Situational X – Not Used |
|------------|---------|--|---|
| INS | 2100C | Subscriber Relationship | X |
| DTP | 2100C | Subscriber Date | S |
| EQ | 2110C | Subscriber Eligibility or Benefit Inquiry Information | S |
| AMT | 2110C | Subscriber Spend-down Amount | X |
| III | 2110C | Subscriber Eligibility or Benefit Additional Inquiry Information | X |
| REF | 2110C | Subscriber Additional Information | X |
| DTP | 2110C | Subscriber Eligibility/Benefit Date | X |
| HL | 2000D | Dependent Level | X |
| TRN | 2000D | Dependent Trace Number | X |
| NM1 | 2100D | Dependent Name | X |
| REF | 2100D | Dependent Additional Identification | X |
| N3 | 2100D | Dependent Address | X |
| N4 | 2100D | Dependent City/State/ZIP Code | X |
| PRV | 2100D | Provider Information | X |
| DMG | 2100D | Dependent Demographic Information | X |
| INS | 2100D | Dependent Relationship | X |
| DTP | 2100D | Dependent Date | X |
| EQ | 2110D | Dependent Eligibility or Benefit Inquiry Information | X |
| III | 2110D | Dependent Eligibility or Benefit Additional Inquiry Information | X |
| REF | 2110D | Dependent Additional Information | X |
| DTP | 2110D | Dependent Eligibility/Benefit Date | X |
| SE | N/A | Transaction Set Trailer | R |

270 Segment and Data Element Description

This section contains tables representing segments required or situational for the Indiana Health Information Portability and Accountability Act (HIPAA) implementation of the 270 transaction. Each segment table contains rows and columns describing different segment elements.

Table 3.2 – Segment and Data Element Description

| Segment/Data Element | Description |
|----------------------|--|
| Segment Name | The industry assigned segment name identified in the IG. |
| Segment ID | The industry assigned segment ID identified in the IG. |
| Loop ID | The loop where the segment should appear. |

Table 3.2 – Segment and Data Element Description

| Segment/Data Element | Description |
|--------------------------------|--|
| Usage | This identifies the segment as required or situational. |
| Segment Notes | A brief description of the purpose or use of the segment including IHCP-specific usage. |
| Example | An example of complete segment. |
| Element ID | The industry assigned element ID identified in the IG. |
| Usage | This identifies the data element as R -required, S -situational, or X -not used based on the IHCP guidelines. |
| Guide Description/Valid Values | Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in BOLD the values and code sets to use. |
| Comments | Description of the contents of the data elements, including field lengths. |

Table 3.3 – 270, Transaction Set Header

| Segment Name | Transaction Set Header |
|---------------|--|
| Segment ID | ST |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment indicates the start of the transaction. |
| Example | ST*270*7656543~ |

Table 3.4 – 270, Element ID ST01-ST02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| ST01 | R | Transaction Set Identifier Code 270 – Eligibility, Coverage, or Benefit Inquiry | |
| ST02 | R | Transaction Set Control Number | This number is assigned locally by the sender and must match the value in the corresponding SE segment. This number must be sequentially incremented with each transaction. |

Table 3.5 – 270, Beginning of Hierarchical Transaction

| Segment Name | Beginning of Hierarchical Transaction |
|---------------|--|
| Segment ID | BHT |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment provides the transaction creation date, time, and the identifier. Audit information is based on the Transaction Set Creation Date (BHT04) |
| Example | BHT*0022*13*123456789*20021010*0800~ |

Table 3.6 – 270, Element ID BHT01-BHT06

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| BHT01 | R | Hierarchical Structure Code 0022 – Information Source | |
| BHT02 | R | Transaction Set Purpose Code 13 – Request | |
| BHT03 | S | Submitter Transaction Identifier | For interactive transactions, this must be IN plus the terminal ID. The sender ID populates in the ISA06, and trailing spaces are not required. For batch transactions, this is the sender ID or any other number the sender prefers. This element has a maximum of 15 characters. |
| BHT04 | R | Transaction Set Creation Date | Format: CCYYMMDD. |
| BHT05 | R | Transaction Set Creation Time | |
| BHT06 | S | Transaction Type Code | Not used by the IHCP |

Table 3.7 – 270, Information Source Level

| Segment Name | Information Source Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000A |
| Usage | Required |
| Segment Notes | This segment identifies the information source level. |
| Example | HL*1**20*1~ |

Table 3.8 – 270, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|----------|
| HL01 | R | Hierarchical ID Number | |
| HL02 | N/A | Hierarchical Parent ID Number | Not used |
| HL03 | R | Hierarchical Level (HL) Code 20 – Information Source | |
| HL04 | R | Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure | |

Table 3.9 – 270, Information Source Name

| Segment Name | Information Source Name |
|---------------|---|
| Segment ID | NM1 |
| Loop ID | 2100A |
| Usage | Required |
| Segment Notes | This segment identifies the entity receiving the eligibility request. |
| Example | NM1*P5*2*Indiana Health Coverage Program*****46*IHCP~ |

Table 3.10 – 270, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| NM101 | R | Entity Identifier Code P5 – Plan Sponsor PR – Payer | P5 – Used when the member is risk- based (RBMC) PR – Used when the member is non-managed care, primary care case management (PCCM), or when the delivery system is unknown. |
| NM102 | R | Entity Type Qualifier 2 – Non-Person Entity | |
| NM103 | S | Information Source Last or Organization Name Indiana Health Coverage Program | |
| NM104 | S | Information Source First Name | Not used by the IHCP |
| NM105 | S | Information Source Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Information Source Name Suffix | Not used by the IHCP |
| NM108 | R | Identification Code Qualifier 46 – Electronic Transmitter Identification Number | |

Table 3.10 – 270, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| NM109 | R | Information Source Primary Identifier IHCP | |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 3.11 – 270, Information Receiver Level

| Segment Name | Information Receiver Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000B |
| Usage | Required |
| Segment Notes | This segment identifies the information receiver level. |
| Example | HL*2*1*21*1~ |

Table 3.12 – 270, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| HL01 | R | Hierarchical ID Number | |
| HL02 | R | Hierarchical Parent ID Number | |
| HL03 | R | Hierarchical Level Code 21 – Information Receiver | |
| HL04 | R | Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure | |

Table 3.13 – 270, Information Receiver Name

| Segment Name | Information Receiver Name |
|---------------|---|
| Segment ID | NM1 |
| Loop ID | 2100B |
| Usage | Required |
| Segment Notes | This segment identifies the entity who is initiating the request. When NPI is implemented, healthcare providers must submit an NPI for provider identification. The taxonomy code and nine-digit Zip Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique provider. |
| Example | <p>When submitting with NPI: NM1*1P*2*****XX*1234567890~</p> |

Table 3.14 – 270, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| NM101 | R | Entity Identifier Code 1P - Provider | |
| NM102 | R | Entity Type Qualifier 1 - Person 2 – Non-Person Entity | |
| NM103 | S | Information Receiver Last or Organization Name | Not used by the IHCP |
| NM104 | S | Information Receiver First Name | Not used by the IHCP |
| NM105 | S | Information Receiver Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Information Receiver Name Suffix | Not used by the IHCP |
| NM108 | R | Identification Code Qualifier XX – National Provider Identifier (NPI) SV – Service Provider Number | XX - NPI required for healthcare providers. SV – Service Provider Number used by atypical providers. |
| NM109 | R | Information Receiver Identification Number | If XX is used in NM108 use the ten digit NPI. If SV is used enter the nine-digit IHCP provider ID plus the one-digit location code of the atypical provider. |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 3.15 – 270, Information Receiver City/State/Zip Code

| Segment Name | Information Receiver City/State/ZIP Code |
|---------------|---|
| Segment ID | N4 |
| Loop ID | 2100B |
| Usage | Optional |
| Segment Notes | This segment identifies the office location of the entity. This is an optional segment that can be used to send in City/State/Zip Code information when using an NPI for the provider identification code. The nine-digit Zip Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. When NPI is implemented, the crosswalk must successfully identify a unique provider. |
| Example | When submitting with NPI (optional Taxonomy and ZIP Code): NM1*1P*2*****XX*1234567890~ PRV*PE*ZZ*363L00000X~ N4*GOSHEN*IN*402021509~ |

Table 3.16 – 270, Element ID N401-N406

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|---|
| N401 | R | City Name | |
| N402 | R | State or province Code | |
| N403 | R | Postal Code | The nine-digit Zip Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. |
| N404 | S | Country Code | |
| N405 | N/A | Location Qualifier | Not used by the IHCP |
| N406 | N/A | Location Qualifier | Not used by the IHCP |

Table 3.17 – 270, Information Receiver Provider Information

| Segment Name | Information Receiver Provider Information |
|---------------|---|
| Segment ID | PRV |
| Loop ID | 2100B |
| Usage | Optional |
| Segment Notes | This segment specifies the identifying characteristics of a provider This segment is used for the taxonomy code when an NPI is used for the provider identification. The taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. When NPI is implemented, the crosswalk must successfully identify a unique provider. |
| Example | When submitting with NPI (optional Taxonomy and ZIP Code): NM1*1P*2*****XX*1234567890~ PRV*PE*ZZ*363L00000X~ N4*GOSHEN*IN*402021509~ |

Table 3.18 – 270, Element ID PRV01-PRV06

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| PRV01 | R | Provider Code PE - Performing | |
| PRV02 | R | Reference Identification Qualifier ZZ – Mutually Defined | |
| PRV03 | R | Reference Identification | The taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. |
| PRV04 | N/A | State or Province Code | Not used by the IHCP |
| PRV05 | N/A | Provider Specialty Information | Not used by the IHCP |
| PRV06 | N/A | Provider Organization Code | Not used by the IHCP |

Table 3.19 – 270, Subscriber Level

| Segment Name | Subscriber Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000C |
| Usage | Required |
| Segment Notes | This segment identifies the information subscriber level. |
| Example | HL*3*2*22*0~ |

Table 3.20 – 270, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| HL01 | R | Hierarchical ID Number | |
| HL02 | R | Hierarchical Parent ID Number | |
| HL03 | R | Hierarchical Level Code 22 – Subscriber | |
| HL04 | R | Hierarchical Child Code 0 – No Subordinate HL Segment in this hierarchical structure | This element is always 0 because the dependent level is not supported by the IHCP. |

Table 3.21 – 270, Subscriber Trace Number

| Segment Name | Subscriber Trace Number |
|---------------|---|
| Segment ID | TRN |
| Loop ID | 2000C |
| Usage | Situational |
| Segment Notes | This segment is not used by the IHCP. The information sent in this segment is returned in the 271. This segment can repeat two times. |
| Example | TRN*1*109834652831*9877281234~ |

Table 3.22 – 270, Element ID TRN01-TRN04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| TRN01 | R | Trace Type Code 1 – Current Transaction Trace Numbers | |
| TRN02 | R | Trace Number | This trace number, if submitted, does not serve as proof that the member eligibility information was obtained |
| TRN03 | R | Trace Assigning Entity Identifier | This must be a length of 10 characters. |
| TRN04 | S | Trace Assigning Entity Additional Identifier | Not used by the IHCP |

Note: There are several search options available when inquiring about member eligibility. This segment, Subscriber Name, and the two following segments, Subscriber Additional Identification, and Subscriber Demographic Information each contain data elements used for searches. Depending on the search criteria used, one or more of the segments may be required.

Table 3.23 – 270, Search Criteria

| Search Criteria | Segment/Data Element | Example |
|--------------------|--|---|
| Member ID | NM1 (2100C LOOP)/NM109 | NM1*IL*1*DOE*JOHN****MI*123456789123** |
| Member Name/DOB | NM1 (2100C LOOP)/NM103 NM1 (2100C LOOP)/NM104 DMG (2100C LOOP)/DMG02 | NM1*IL*1*DOE*JOHN~ DMG*D8*19621016~ |
| Member SSN | REF (2100C LOOP)/REF02 with a qualifier SY | NM1*IL*1*DOE*JOHN~ REF*SY*310001234~ |
| Member Medicare ID | REF (2100C LOOP)/REF02 with a qualifier F6 | NM1*IL*1*DOE*JOHN~ REF*F6*222222222C |

Table 3.24 – 270, Subscriber Name

| Segment Name | Subscriber Name |
|---------------|--|
| Segment ID | NM1 |
| Loop ID | 2100C |
| Usage | Required |
| Segment Notes | This segment identifies the subscriber whose information is being requested. |
| Example | NM1*IL*1*DOE*JOHN****MI*976546023499~ |

Table 3.25 – 270, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|----------------------|
| NM101 | R | Entity Identifier Code IL – Insured or Subscriber | |
| NM102 | R | Entity Type Qualifier 1 – Person | |
| NM103 | S | Subscriber Last Name | |
| NM104 | S | Subscriber First Name | |
| NM105 | S | Subscriber Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Subscriber Name Suffix | Not used by the IHCP |
| NM108 | S | Identification Code Qualifier MI – Member Identification Number | |

Table 3.25 – 270, Element ID NM101-NM111

| | | | |
|-------|-----|-------------------------------|----------------------------------|
| NM109 | S | Subscriber Primary Identifier | This is the 12-digit RID number. |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 3.26 – 270, Subscriber Additional Identification

| Segment Name | Subscriber Additional Identification |
|----------------------|--|
| Segment ID | REF |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the health insurance claim number and the Social Security number (SSN) that may be used as search criteria. The qualifier <i>EJ</i> (patient account number) is not used by the IHCP. If this information is sent in this segment, it is returned in the 271. |
| Example | REF*F6*660415786978~ |

Table 3.27 – 270, Element ID REF01-REF04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| REF01 | R | Reference Identification Qualifier F6 – Health Insurance Claim Number SY – Social Security Number | The provider-specific patient account number, <i>EJ</i> , is a not valid search criterion. If this information is sent, it is returned in the 271. F6 – Health Insurance Claim Number is the Medicare ID |
| REF02 | R | Subscriber Supplemental Identifier | Use this reference number as qualified by the preceding data element (REF01) |
| REF03 | N/A | Description | Not used |
| REF04 | N/A | Reference Identifier | Not used |

Table 3.28 – 270, Subscriber Demographic Information

| Segment Name | Subscriber Demographic Information |
|----------------------|---|
| Segment ID | DMG |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the subscriber's date of birth. |
| Example | DMG*D8*19430917~ |

Table 3.29 – 270, Element ID DMG01-DMG09

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|----------------------|
| DMG01 | S | Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD | |
| DMG02 | S | Subscriber Birth Date | Format: CCYYMMDD |
| DMG03 | S | Gender Code | Not used by the IHCP |
| DMG04 | N/A | Marital Status Code | Not used |
| DMG05 | N/A | Race or Ethnicity Code | Not used |
| DMG06 | N/A | Citizenship Status Code | Not used |
| DMG07 | N/A | Country Code | Not used |
| DMG08 | N/A | Basis of Verification Code | Not used |
| DMG09 | N/A | Quantity | Not used |

Table 3.30 – 270, Subscriber Date

| Segment Name | Subscriber Date |
|---------------|--|
| Segment ID | DTP |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment submits the request date or date range for the eligibility inquiry. If this segment is not sent or is in an invalid format, the Transaction Set Creation Date (BHT04) is used as the eligibility time period requested. |
| Example | DTP*307*RD8*20021201-20021231~ |

Table 3.31 – 270, Element ID DTP01-DTP03

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| DTP01 | R | Date/Time Qualifier 307 – Eligibility | |
| DTP02 | R | Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | A date with all zeroes is not a valid format. |
| DTP03 | R | Date/Time Period | There is a one-month limitation for the date range. The inquiry must contain dates within the same month. |

Table 3.32 – 270, Subscriber Eligibility or Benefit Inquiry Information

| Segment Name | Subscriber Eligibility or Benefit Inquiry Information |
|---------------|--|
| Segment ID | EQ |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | <p>IHCP only recognizes and processes up to 20 EQ segments.</p> <p>At a minimum, basic eligibility is returned. Depending on the Service Type selected, more information may be sent regarding benefit limitations. A Service Type code of 30 returns only basic eligibility information. All other Service Type codes include basic eligibility.</p> <p>Refer to the <i>IHCP Provider Manual, Chapter 3</i> for a description of basic eligibility and benefit limitations. Not all codes for benefit limitations are valid for every provider. If a code not identified below is sent, only basic eligibility information is returned.</p> |
| Example | EQ*30~ |

Table 3.33 – 270, Element ID EQ01-EQ04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|----------|
| EQ01 | S | <p>Service Type Code</p> <p>4 – Diagnostic X-ray</p> <p>12 – Durable Medical Equipment Purchase</p> <p>18 – Durable Medical Equipment Rental</p> <p>23 – Diagnostic Dental</p> <p>24 – Periodontics</p> <p>25 – Restorative (Dental Cap)</p> <p>28 – Adjunctive Dental Services</p> <p>30 – Health Benefit Plan Coverage</p> <p>33 – Chiropractic</p> <p>34 – Chiropractic Office Visits</p> <p>35 – Dental Care</p> <p>41 – Routine (Preventive) Dental</p> <p>42 – Home Health Care (Supplies)</p> <p>56 – Medically-Related Transportation</p> <p>60 – General Benefits (Dental Sealants)</p> <p>71 – Audiology Exam</p> <p>81-Routine Physical (Chiropractic Initial)</p> <p>93 – Podiatry</p> <p>94 – Podiatry – Office Visits</p> <p>98 – Professional (Physician) Visit – Office</p> | |

Table 3.33 – 270, Element ID EQ01-EQ04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|---------------------|-------|--|----------------------|
| EQ01 (Continued) | S | A8 – Psychiatric – Outpatient AB – Rehabilitation – Inpatient AD – Occupational Therapy AE – Physical Medicine AF – Speech Therapy AI – Substance Abuse AL – Vision (Optometry) AM – Frames AO – Lenses | |
| EQ02 | S | Composite Medical Procedure Identifier | Not used by the IHCP |
| EQ02 – 1 | R | Product or Service ID Qualifier | Not used by the IHCP |
| EQ02 – 2 | R | Procedure Code | Not used by the IHCP |
| EQ02 – 3 | S | Procedure Modifier | Not used by the IHCP |
| EQ02 – 4 | S | Procedure Modifier | Not used by the IHCP |
| EQ02 – 5 | S | Procedure Modifier | Not used by the IHCP |
| EQ02 – 6 | S | Procedure Modifier | Not used by the IHCP |
| EQ02 – 7 | N/A | Description | Not used |
| EQ03 | S | Benefit Coverage Level Code | Not used by the IHCP |
| EQ04 | S | Insurance Type Code | Not used by the IHCP |

Table 3.34 – Transaction Set Trailer

| Segment Name | Transaction Set Trailer |
|---------------|--|
| Segment ID | SE |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment indicates the end of the transaction. |
| Example | SE*270*7656543~ |

Table 3.35 – Element ID SE01-SE02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|---|
| SE01 | R | Number of Included Segments | Total number of segments included in a transaction set including ST and SE segments. |
| SE02 | R | Transaction Set Control Number | This number is assigned locally by the sender and should match the value in the corresponding ST02 segment. |

Example of 270 Transaction

Figure 3.1 is an example of a 270 transaction.

```
ST*270*7656543~  
BHT*0022*13*123456789*20021010*0800~  
HL*1**20*1~  
NM1*P5*2*Indiana Health Coverage Program*****46*IHCP~  
HL*2*1*21*0~  
NM1*1P*2*****XX*1234567890~  
HL*3*2*22*1~  
TRN*1*109834652831*9877281234~  
NM1*IL*1*DOE*JOHN****MI*866272433779~  
REF*F6*660415786978~  
DMG*D8*19830917~  
DTP*307*RD8*20021201-20021231~  
EQ*30~  
SE*14*7656543~
```

Figure 3.1 – 270 Transaction

Section 4: 271 Eligibility Request and Response Transaction Specifications

The ASC X12N 271 (004010X092 and 004010X092A1 Addenda) transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated vehicle to return an eligibility response. The transaction is designed to return general Indiana Health Coverage Programs (IHCP) program eligibility information or program benefit limitations requested by the 270 – Eligibility Benefit Request Transaction (also referred to as 271 response transaction, 271 transaction, or 271). The 271 transaction can be returned in either batch or interactive mode.

This section is intended only as a companion guide and is not intended to contradict or replace any information in the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda (IG)* or the *IHCP Provider Manual*.

It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide: 270/271 Eligibility Benefit Transaction*
- The *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda*
- The [IHCP Provider Manual](#)

Segment Usage – 271 Eligibility Benefit Response

The following matrix lists all segments available for submission using the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda*. It includes a *Usage* column identifying segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). All required segments must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Refer to the *IHCP Provider Manual* for specific eligibility information. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in this section. Any segment identified as *Not Used by the IHCP* is not required for processing by the IHCP.

Table 4.1 – 271, Eligibility Benefit Response Transaction Segments

| Segment ID | Loop ID | Segment Name | IHCP Usage R – Required S – Situational X – Not Used |
|------------|---------|---------------------------------------|---|
| ST | N/A | Transaction Set Header | R |
| BHT | N/A | Beginning of Hierarchical Transaction | R |
| HL | 2000A | Information Source Level | R |
| AAA | 2000A | Request Validation | X |

Table 4.1 – 271, Eligibility Benefit Response Transaction Segments

| Segment ID | Loop ID | Segment Name | IHCP Usage R – Required S – Situational X – Not Used |
|------------|---------|--|---|
| NM1 | 2100A | Information Source Name | R |
| REF | 2100A | Information Source Additional Identification | X |
| PER | 2100A | Information Source Contact Information | X |
| AAA | 2100A | Request Validation | S |
| HL | 2000B | Information Receiver Level | S |
| NM1 | 2100B | Information Receiver Name | R |
| REF | 2100B | Information Receiver Additional Identification | X |
| AAA | 2100B | Information Receiver Request Validation | S |
| HL | 2000C | Subscriber Level | S |
| TRN | 2000C | Subscriber Trace Number | S |
| NM1 | 2100C | Subscriber Name | R |
| REF | 2100C | Subscriber Additional Identification | S |
| N3 | 2100C | Subscriber Address | S |
| N4 | 2100C | Subscriber City/State/ZIP Code | S |
| PER | 2100C | Subscriber Contact Information | X |
| AAA | 2100C | Subscriber Request Validation | S |
| DMG | 2100C | Subscriber Demographic Information | S |
| INS | 2100C | Subscriber Relationship | X |
| DTP | 2100C | Subscriber Date | S |
| EB | 2110C | Subscriber Eligibility or Benefit Information | S |
| HSD | 2110C | Health Care Services Delivery | X |
| REF | 2110C | Subscriber Additional Information | S |
| DTP | 2110C | Subscriber Eligibility/Benefit Date | S |
| AAA | 2110C | Subscriber Request Validation | X |
| MSG | 2110C | Message Text | S |
| III | 2115C | Subscriber Eligibility or Benefit Additional Information | X |
| LS | 2115C | Loop Header | S |
| NM1 | 2120C | Subscriber Benefit-Related Entity Name | S |
| N3 | 2120C | Subscriber Benefit-Related Entity Address | X |
| N4 | 2120C | Subscriber Benefit-Related Entity City/State/ZIP Code | X |
| PER | 2120C | Subscriber Benefit-Related Entity Contact Information | S |
| PRV | 2120C | Subscriber Benefit-Related Entity Provider Information | S |
| LE | 2120C | Loop Trailer | S |
| HL | 2000D | Dependent Level | X |

Table 4.1 – 271, Eligibility Benefit Response Transaction Segments

| Segment ID | Loop ID | Segment Name | IHCP Usage R – Required S – Situational X – Not Used |
|------------|---------|---|---|
| TRN | 2000D | Dependent Trace Number | X |
| NM1 | 2100D | Dependent Name | X |
| REF | 2100D | Dependent Additional Identification | X |
| N3 | 2100D | Dependent Address | X |
| N4 | 2100D | Dependent City/State/ZIP Code | X |
| PER | 2100D | Dependent Contact Information | X |
| AAA | 2100D | Dependent Request Validation | X |
| DMG | 2100D | Dependent Demographic Information | X |
| INS | 2100D | Dependent Relationship | X |
| DTP | 2100D | Dependent Date | X |
| EB | 2110D | Dependent Eligibility or Benefit Information | X |
| HSD | 2110D | Health Care Services Delivery | X |
| REF | 2110D | Dependent Additional Identification | X |
| DTP | 2110D | Dependent Eligibility/Benefit Date | X |
| AAA | 2110D | Dependent Request Validation | X |
| MSG | 2110D | Message Text | X |
| III | 2115D | Dependent Eligibility or Benefit Additional Information | X |
| LS | 2110D | Dependent Eligibility or Benefit Information | X |
| NM1 | 2120D | Dependent Benefit-Related Entity Name | X |
| N3 | 2120D | Dependent Benefit-Related Entity Address | X |
| N4 | 2120D | Dependent Benefit-Related Entity City/State/ZIP Code | X |
| PER | 2120D | Dependent Benefit-Related Entity Contact Information | X |
| PRV | 2120D | Dependent Benefit-Related Entity Provider Information | X |
| LE | 2120D | Loop Trailer | X |
| SE | N/A | Transaction Set Trailer | R |

271 Segment and Data Element Description

This section contains tables representing any segment that is required or situational for the IHCP HIPAA implementation of the 271 transaction. Each segment table contains rows and columns describing different elements of the segment.

Table 4.2 – 271, Segment and Data Element Description

| Segment/Data Element | Description |
|--------------------------------|---|
| Segment Name | The industry assigned segment name identified in the IG. |
| Segment ID | The industry assigned segment ID identified in the IG. |
| Loop ID | The loop where the segment should appear. |
| Usage | This identifies the segment as required or situational. |
| Segment Notes | A brief description of the purpose or use of the segment including IHCP-specific usage. |
| Example | An example of complete segment. |
| Element ID | The industry assigned element ID identified in the IG. |
| Usage | This identifies the data element as R -required, S -situational, or X -not used based on the IHCP guidelines. |
| Guide Description/Valid Values | Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in BOLD the values and code sets to use. |
| Comments | Description of the contents of the data elements, including field lengths. |

Table 4.3 – 271, Transaction Set Header

| Segment Name | Transaction Set Header |
|---------------|--|
| Segment ID | ST |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment indicates the start of the transaction. |
| Example | ST*271*7656543~ |

Table 4.4 – 271, Element ID ST01-ST02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| ST01 | R | Transaction Set Identifier Code 271 – Eligibility, Coverage, or Benefit Information | |
| ST02 | R | Transaction Set Control Number | This number is assigned locally by the sender and should match the value in the corresponding SE segment. |

Table 4.5 – 271, Beginning of Hierarchical Transaction

| Segment Name | Beginning of Hierarchical Transaction |
|---------------|--|
| Segment ID | BHT |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment provides the transaction creation date and time and identifies the submitter. |
| Example | BHT*0022*11*123456789*20021010*0800~ |

Table 4.6 – 271, Element ID BHT01-BHT06

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| BHT01 | R | Hierarchical Structure Code 0022 – Information Source | |
| BHT02 | R | Transaction Set Purpose Code 11 – Response | |
| BHT03 | S | Submitter Transaction Identifier | Returned from the 270 transaction – For interactive transactions, this must be IN plus the terminal ID. For batch transactions, this is the 270 sender ID or any other number the 270 sender preferred. |
| BHT04 | R | Transaction Set Creation Date | Format: CCYYMMDD |
| BHT05 | R | Transaction Set Creation Time | |
| BHT06 | N/A | Transaction Type Code | Not used |

Table 4.7 – 271, Information Source Level

| Segment Name | Information Source Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000A |
| Usage | Required |
| Segment Notes | This segment identifies the information source level. |
| Example | HL*1**20*1~ |

Table 4.8 – 271, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|----------|
| HL01 | R | Hierarchical ID Number | |
| HL02 | N/A | Hierarchical Parent ID Number | Not used |

Table 4.8 – 271, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| HL03 | R | Hierarchical Level (HL) Code 20 – Information Source | |
| HL04 | R | Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure 0 – No Subordinate HL Segment in this hierarchical structure | A 0 is returned when a source level error occurs in the 270 transaction Examples of source level errors: <ul style="list-style-type: none"> • Unrecognized payer • Interactive quantity exceeded See also 2100A AAA03 Reject Reason Codes |

Table 4.9 – 271, Information Source Name

| Segment Name | Information Source Name |
|---------------|--|
| Segment ID | NM1 |
| Loop ID | 2100A |
| Usage | Required |
| Segment Notes | This segment identifies the entity providing the eligibility and benefit limitation information. |
| Example | NM1*P5*2*Indiana Health Coverage Program*****46*IHCP~ |

Table 4.10 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| NM101 | R | Entity Identifier Code P5 – Plan Sponsor PR – Payer | P5 – Used when the member is risk-based managed care (RBMC) PR – Used when the member is non managed care, primary care case management (PCCM), or if the delivery system is unknown |
| NM102 | R | Entity Type Qualifier 2 – Non-Person Entity | |
| NM103 | S | Information Source Last or Organization Name Indiana Health Coverage Program | |
| NM104 | S | Information Source First Name | Not used by the IHCP |
| NM105 | S | Information Source Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Information Source Name Suffix | Not used by the IHCP |
| NM108 | R | Identification Code Qualifier 46 – Electronic Transmitter Identification Number | |

Table 4.10 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| NM109 | R | Information Source Primary Identifier IHCP | |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 4.11 – 271, Request Validation

| Segment Name | Request Validation |
|---------------|--|
| Segment ID | AAA |
| Loop ID | 2100A |
| Usage | Situational |
| Segment Notes | This segment indicates a source level error. |
| Example | AAA*N**79*C~ |

Table 4.12 – 271, Element ID AAA01-AAA04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| AAA01 | R | Valid Request Indicator N – No | |
| AAA02 | N/A | Agency Qualifier Code | Not used |
| AAA03 | R | Reject Reason Code 04 – Authorized Quantity Exceeded 41 – Authorization/Access Restrictions 42 – Unable to Respond at Current Time 79 – Invalid Participant Identification | |
| AAA04 | R | Follow-up Action Code C – Please Correct and Resubmit | |

Table 4.13 – 271, Information Receiver Level

| Segment Name | Information Receiver Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000B |
| Usage | Situational |
| Segment Notes | This segment identifies the information receiver level. |
| Example | HL*2*1*21*1~ |

Table 4.14 – 271, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|----------|
| HL01 | R | Hierarchical ID Number | |
| HL02 | R | Hierarchical Parent ID Number | |
| HL03 | R | Hierarchical Level Code 21 – Information Receiver | |
| HL04 | R | Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure | |

Table 4.15 – 271, Information Receiver Name

| Segment Name | Information Receiver Name |
|----------------------|---|
| Segment ID | NM1 |
| Loop ID | 2100B |
| Usage | Required |
| Segment Notes | This segment identifies the entity initiating the 270 and the entity receiving the eligibility and benefit limitation information. NM109 of this segment can be either the National Provider Identifier (NPI) of the healthcare provider or the Legacy Provider Identifier (LPI) of the atypical provider. |
| Example | NM1*1P*2*****XX*9519519513~ |

Table 4.16 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| NM101 | R | Entity Identifier Code | Returned from the 270 transaction |
| NM102 | R | Entity Type Qualifier 2 – Non-Person Entity | All providers are considered Non-Person entities by the IHCP definition. |
| NM103 | S | Information Receiver Last or Organization Name | |
| NM104 | S | Information Receiver First Name | Not used by the IHCP |
| NM105 | S | Information Receiver Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Information Receiver Name Suffix | Not used by the IHCP |
| NM108 | R | Identification Code Qualifier XX – National Provider Identifier (NPI) SV – Service Provider Number | XX - NPI required for healthcare providers. SV – Service Provider Number used by atypical providers. |

Table 4.16 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| NM109 | R | Information Receiver Identification Number | If XX is present in NM108 the ten digit NPI is received. If SV is present In NM108 the nine-digit IHCP provider ID plus the one-digit location code of the atypical provider is received |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 4.17– 271, Information Receiver Request Validation

| Segment Name | Information Receiver Request Validation |
|---------------|--|
| Segment ID | AAA |
| Loop ID | 2100B |
| Usage | Situational |
| Segment Notes | This segment indicates a receiver level error. |
| Example | AAA*N**43*C~ |

Table 4.18 – 271, Element ID AAA01-AAA04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| AAA01 | R | Valid Request Indicator N – No | |
| AAA02 | N/A | Agency Qualifier Code | Not used |
| AAA03 | R | Reject Reason Code 43 – Invalid/Missing Provider Identification 50 – Provider Ineligible for Inquiries 51 – Provider Not on File | Reject Reason Code ‘43’ will be returned when an LPI is sent and the provider is a healthcare provider. Reject Reason Code ‘50’ will be returned when a provider inquires on an eligibility request for dates of service that falls out of the provider’s eligibility dates |
| AAA04 | R | Follow-up Action Code C – Please Correct and Resubmit | |

Table 4.19 – 271, Subscriber Level

| Segment Name | Subscriber Level |
|---------------|---|
| Segment ID | HL |
| Loop ID | 2000C |
| Usage | Situational |
| Segment Notes | This segment identifies the subscriber. |
| Example | HL*3*2*22*0~ |

Table 4.20 – 271, Element ID HL01-HL04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| HL01 | R | Hierarchical ID Number | |
| HL02 | R | Hierarchical Parent ID Number | |
| HL03 | R | Hierarchical Level Code 22 – Subscriber | |
| HL04 | R | Hierarchical Child Code 0 – No Subordinate HL Segment in this hierarchical structure | This is always 0 because the dependent level is not supported by the IHCP. |

Table 4.21 – 271 Subscriber Trace Number

| Segment Name | Subscriber Trace Number |
|---------------|---|
| Segment ID | TRN |
| Loop ID | 2000C |
| Usage | Situational |
| Segment Notes | This segment returns trace numbers submitted on the requesting 270 transaction. The trace number does not serve as proof that the member eligibility information was obtained |
| Example | TRN*1*98175-12547*9877281234~ |

Table 4.22 – 271, Element ID TRN01-TRN04)

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|-----------------------------------|
| TRN01 | R | Trace Type Code 1 – Current Transaction Trace Numbers | |
| TRN02 | R | Trace Number | Returned from the 270 transaction |
| TRN03 | R | Trace Assigning Entity Identifier | Returned from the 270 transaction |
| TRN04 | S | Trace Assigning Entity Additional Identifier | Not used by the IHCP |

Table 4.23 – 271 Subscriber Name

| Segment Name | Subscriber Name |
|----------------------|--|
| Segment ID | NM1 |
| Loop ID | 2100C |
| Usage | Required |
| Segment Notes | This segment identifies the subscriber whose information is being requested. |
| Example | NM1*IL*1*DOE*JOHN****MI*234567890499~ |

Table 4.24 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---------------------------------------|
| NM101 | R | Entity Identifier Code IL – Insured or Subscriber | |
| NM102 | R | Entity Type Qualifier 1 – Person | |
| NM103 | S | Subscriber Last Name | |
| NM104 | S | Subscriber First Name | |
| NM105 | S | Subscriber Middle Name | Not used by the IHCP |
| NM106 | S | Name Prefix | Not used by the IHCP |
| NM107 | S | Subscriber Name Suffix | Not used by the IHCP |
| NM108 | S | Identification Code Qualifier MI – Member Identification Number | |
| NM109 | S | Subscriber Primary Identifier | This is the 12-digit IHCP RID number. |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 4.25 – 271, Subscriber Additional Identification

| Segment Name | Subscriber Additional Identification |
|----------------------|--|
| Segment ID | REF |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides any health insurance claim number, SSN, or patient account number sent on the 270 transaction. There may be multiple occurrences of this segment if two of these elements are available. |
| Example | REF*F6*324356734~ |

Table 4.26 – 271, Element ID REF01-REF04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|-----------------------------------|
| REF01 | R | Reference Identification Qualifier EJ – Patient Account Number F6 – Health Insurance Claim Number SY – Social Security Number | Returned from the 270 transaction |
| REF02 | R | Subscriber Supplemental Identifier | Returned from the 270 transaction |
| REF03 | S | Plan Sponsor Name | Not used by the IHCP |
| REF04 | N/A | Reference Identifier | Not used |

Table 4.27 – 271, Subscriber Address

| Segment Name | Subscriber Address |
|---------------|---|
| Segment ID | N3 |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the subscriber address. |
| Example | N3*15197 ELM STREET*Apt 05~ |

Table 4.28 – 271, Element ID N301-N302

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|----------|
| N301 | R | Subscriber Address Line | |
| N302 | S | Subscriber Address Line | |

Table 4.29 – 271, Subscriber City/State/ZIP Code

| Segment Name | Subscriber City/State/ZIP Code |
|---------------|---|
| Segment ID | N4 |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the subscriber address. |
| Example | N4*Indianapolis*IN*46205~ |

Table 4.30 – 271, Element ID N401-N406

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|-----------------------------------|----------------------|
| N401 | S | Subscriber City Name | |
| N402 | S | Subscriber State or Province Code | |
| N403 | S | Subscriber Postal Code | |
| N404 | S | Country Code | Not used by the IHCP |
| N405 | S | Location Qualifier | Not used by the IHCP |
| N406 | S | Location Identification Code | Not used by the IHCP |

Table 4.31 – 271, Subscriber Request Validation

| Segment Name | Subscriber Request Validation |
|---------------|--|
| Segment ID | AAA |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment indicates a subscriber level error. |
| Example | AAA*N**72*C~ |

Table 4.32 – 271, Element ID AAA01-AAA04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| AAA01 | R | Valid Request Indicator N – No | |
| AAA02 | N/A | Agency Qualifier Code | Not used |
| AAA03 | R | Reject Reason Code 57 – Invalid/Missing Date(s) of Service 58 – Invalid/Missing Date-of-Birth 62 – Date of Service not within allowable inquiry period 71 – Patient Birth Date Does Not Match That for the Patient on the Database 72 – Invalid/Missing Subscriber/Insured ID 73 – Invalid/Missing Subscriber/Insured Name 75 – Subscriber/Insured Not Found 76 – Duplicate Subscriber/Insured ID Number 78 – Subscriber Not in Plan Identified | Code 78 is returned for members who are not in Medicaid (PASRR, MRT, and First Steps). The program does not give eligibility for these members. |

Table 4.32 – 271, Element ID AAA01-AAA04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| AAA04 | R | Follow-up Action Code C – Please Correct and Resubmit | |

Table 4.33 – 271, Subscriber Demographic Information

| Segment Name | Subscriber Demographic Information |
|---------------|---|
| Segment ID | DMG |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the subscriber's date of birth. |
| Example | DMG*D8*19500204~ |

Table 4.34 – 271, Element ID DMG01-DMG09

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------------------|
| DMG01 | S | Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD | |
| DMG02 | S | Subscriber Birth Date | |
| DMG03 | S | Subscriber Gender Code | Not used by the IHCP |
| DMG04 | N/A | Marital Status Code | Not used |
| DMG05 | N/A | Race or Ethnicity Code | Not used |
| DMG06 | N/A | Citizenship Status Code | Not used |
| DMG07 | N/A | Country Code | Not used |
| DMG08 | N/A | Basis of Verification Code | Not used |
| DMG09 | N/A | Quantity | Not used |

Table 4.35 – 271, Subscriber Date

| Segment Name | Subscriber Date |
|---------------|---|
| Segment ID | DTP |
| Loop ID | 2100C |
| Usage | Situational |
| Segment Notes | This segment provides the date range for the information requested. |
| Example | DTP*307*RD8*20021201-20021231~ |

Table 4.36 – 271, Element ID DTP01-DTP03

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| DTP01 | R | Date/Time Qualifier 307 – Eligibility | |
| DTP02 | R | Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | |
| DTP03 | R | Date/Time Period | If no subscriber date is sent for the 270 transaction, the 270 transaction creation date is returned. |

Table 4.37 – 271, Subscriber Eligibility or Benefit Information

| Segment Name | Subscriber Eligibility or Benefit Information |
|---------------|---|
| Segment ID | EB |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment provides requested eligibility or benefit limitation information. In many cases this segment is used in conjunction with other segments in this loop. Refer to the <i>271 Basic Eligibility and Benefit Limitations</i> subheading following the 2120C PRV segment for a complete description of segment usage. The IHCP sends up to 50 EB segments. |
| Example | EB*1**30*MA*Traditional Medicaid*31*200~ |

Table 4.38 – 271, Element ID EB01-EB13-7

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| EB01 | R | Eligibility or Benefit Information 1 – Active Coverage 6 – Inactive D – Benefit Description F – Limitations J – Cost Containment (Dental Cap and Incontinence Supplies) L – Primary Care Provider MC – Managed Care Coordinator N – Services Restricted to Following Provider R – Other or Additional Payer X – Health Care Facility Y – Spend-down | Refer to the <i>271 Basic Eligibility and Benefit Limitations</i> subheading following the 2120C PRV segment at the end of this section for a complete explanation of the usage for each of these codes. |
| EB02 | S | Benefit Coverage Level Code | Not used by the IHCP |

Table 4.38 – 271, Element ID EB01-EB13-7

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| EB03 | S | Service Type Code 4 – Diagnostic X-ray 12 – Durable Medical Equipment Purchase 18 – Durable Medical Equipment Rental 23 – Diagnostic Dental 24 – Periodontics 25 – Restorative (Dental Cap) 28 – Adjunctive Dental Services 30 – Health Benefit Plan Coverage 33 – Chiropractic 34 – Chiropractic Office Visits 35 – Dental Care 41 – Routine (Preventive) Dental 42 – Home Health Care (Supplies) 56 – Medically-Related Transportation 60 – General Benefits (Dental Sealants) 71 – Audiology Exam 81 – Routine Physical (Chiropractic Initial) 93 – Podiatry 94 – Podiatry – Office Visits 98 – Professional (Physician) Visit – Office A8 – Psychiatric – Outpatient AB – Rehabilitation – Inpatient AD – Occupational Therapy AE – Physical Medicine AF – Speech Therapy AI – Substance Abuse AL – Vision (Optometry) AM – Frames AO – Lenses | All listed service type codes, with the exception of 30, are for specific benefit limitations. Refer to the <i>271 Basic Eligibility and Benefit Limitations</i> subheading following the 2120C PRV segment at the end of this section for a complete explanation of the usage for each of these codes. |

Table 4.38 – 271, Element ID EB01-EB13-7

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|--|
| EB04 | S | Insurance Type Code C1 – Commercial HS – Special Low Income Medicare Beneficiary MA – Medicare Part A MB – Medicare Part B OT - Other QM – Qualified Medicare Beneficiary | This data element is used to convey information regarding third party liability and Medicare coverage. The OT code is used to indicate Medicare D coverage. Refer to the <i>271 Basic Eligibility and Benefit Limitations</i> subheading following the 2120C PRV segment at the end of this section for a complete explanation of the usage for each of these codes. |
| EB05 | S | Plan Coverage Description | This element may be populated with any of the following: <ul style="list-style-type: none"> • 590 Program • Cancer • Care Select • Children’s Special Health Care Services (CSHCS) • Dental • Dental Cap Total Spent • (2 3 4 5 12 13 14 15 18 19 20 21 28 29 30 31) – Tooth numbers that can be reported for the sealant audit • HHPD • Home Health • Hoosier Healthwise – Package A – Standard Plan • Hoosier Healthwise – Package B – Pregnancy Coverage • Hoosier Healthwise – Package C – Children’s Health Plan • Hoosier Healthwise – Package D – Persons with Disabilities and Chronic Illness Services • Hoosier Healthwise – Package E – Emergency Services • Package H – Healthy Indiana Plan • Hospice • Hospitalization Medical • Hospitalization, Major Medical, and Medical • ICF/MR |

Table 4.38 – 271, Element ID EB01-EB13-7

| Element ID | Usage | Guide Description/Valid Values | Comments |
|---------------------|-------|--------------------------------|--|
| | | | <ul style="list-style-type: none"> • Immediate LOC • Indemnity • Intermediate Care in a Nursing Facility |
| EB05 (Continued) | S | Plan Coverage Description | <p>This element may be populated with any of the following:</p> <ul style="list-style-type: none"> • Major Medical • Medicaid Select – PCCM • Medicaid Select – RBMC • Medicare Part D • Medicare Supplemental Insurance for Part A • Medicare Supplemental Insurance for Part B • Mental Health • Nursing Facility • Optical/Vision • PCCM • Pharmacy • RBMC • Rehabilitation • Skilled Care in a Nursing Facility • Skilled LOC • Supplies Total Spent • Traditional Medicaid • Waiver • The lesser of \$25.00 or 20% of the services |
| EB06 | S | Time Period Qualifier | Not used by the IHCP |
| EB07 | S | Benefit Amount | <p>Patient Liability Amount is returned here if EB01 = X and a patient liability amount applies.</p> <p>If EB01 = J then dental cap dollars (up to \$600) or supply dollars for incontinent supplies (up to \$1950) are reported here.</p> <p>If EB01 = MC and the Plan Coverage description indicates Healthy Indiana Plan, then this field represents the Emergency Room Copay amount.</p> |
| EB08 | S | Benefit Percent | Not used by the IHCP |
| EB09 | S | Quantity Qualifier | Not used by the IHCP |

Table 4.38 – 271, Element ID EB01-EB13-7

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------------------|
| EB10 | S | Benefit Quantity | Not used by the IHCP |
| EB11 | S | Authorization or Certification Indicator | Not used by the IHCP |
| EB12 | S | In Plan Network Indicator | Not used by the IHCP |
| EB13 | S | Composite Medical Procedure | Not used by the IHCP |
| EB13-1 | R | Product or Service ID Qualifier | Not used by the IHCP |
| EB13-2 | R | Procedure Code | Not used by the IHCP |
| EB13-3 | S | Procedure Modifier | Not used by the IHCP |
| EB13-4 | S | Procedure Modifier | Not used by the IHCP |
| EB13-5 | S | Procedure Modifier | Not used by the IHCP |
| EB13-6 | S | Procedure Modifier | Not used by the IHCP |
| EB13-7 | N/A | Description | Not used |

Table 4.39 – 271, Subscriber Additional Identification

| Segment Name | Subscriber Additional Identification |
|---------------|--|
| Segment ID | REF |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment provides Medicare ID numbers and other third party coverage identification numbers. |
| Example | REF*F6*653745725~ |

Table 4.40 – 271, Element ID REF01-REF04

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| REF01 | R | Reference Identification Qualifier F6 – Health Insurance Claim (HIC) Number IG – Insurance Policy Number | The F6 is used for the Medicare number. |
| REF02 | R | Subscriber Eligibility or Benefit Identifier | |
| REF03 | S | Plan Sponsor Name | Not used by the IHCP |
| REF04 | N/A | Reference Identifier | Not used |

Table 4.41 – 271, Subscriber Eligibility/Benefit Date

| Segment Name | Subscriber Eligibility/Benefit Date |
|---------------|--|
| Segment ID | DTP |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment indicates spend-down. When the preceding EB01 indicates Y and this segment are not sent, spend-down has not been met. It can also be used for reporting multiple Eligibility Program and Managed Care segments, if available. |
| Example | DTP*356*D8*20020101~ |

Table 4.42 – 271, Element ID DTP01-DTP03

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|--|
| DTP01 | R | Date/Time Qualifier 307 – Eligibility 356 – Eligibility Begin | Code 356 is used for spend-down Code 307 is used for Eligibility Program and Managed Care |
| DTP02 | R | Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD D8 – Expressed in Format CCYYMMDD | Qualifier D8 is used to report a spend-down met date. Qualifier RD8 is used to report eligibility and managed care dates |
| DTP03 | R | Eligibility or Benefit Date/Time Period | This identifies the date the spend-down was met if DTP01 is 356, otherwise it reports the dates of service used for the eligibility transaction. |

Table 4.43 – 271, Message Text

| Segment Name | Message Text |
|---------------|---|
| Segment ID | MSG |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment provides text information. |
| Example | MSG*Please See the Provider Manual~ |

Table 4.44 – 271, Element ID MSG01-MSG03

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------|
| MSG01 | R | Free-Form Message Text Refer to the <i>IHCP Provider Manual</i> | |
| MSG02 | N/A | Printer Carriage Control Code | Not used |
| MSG03 | N/A | Number | Not used |

Table 4.45 – 271, Loop Header

| Segment Name | Loop Header |
|---------------|---|
| Segment ID | LS |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment indicates the beginning of a loop. |
| Example | LS*2120~ |

Table 4.46 – 271, Element ID LS01

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|-------------------------------------|----------|
| LS01 | R | Loop Identifier Code 2120 | |

Table 4.47 – 271, Subscriber Benefit-Related Entity Name

| Segment Name | Subscriber Benefit-Related Entity Name |
|---------------|---|
| Segment ID | NM1 |
| Loop ID | 2120C |
| Usage | Situational |
| Segment Notes | This segment is used to provide eligibility information regarding primary care physicians, managed care entities and their related networks, third party liability (TPL) carriers, and members' restricted provider(s). |
| Example | NM1*2B*2*Blue Cross Blue Shield*****PI*1435365~ |

Table 4.48 – 271, Element ID NM101-NM111

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| NM101 | R | Entity Identifier Code P3 – Primary Care Provider P5 – Plan Sponsor 1P – Provider 2B – Third-Party Administrator | |
| NM102 | R | Entity Type Qualifier 2 – Non-Person Entity | |
| NM103 | S | Benefit-Related Entity Last or Organization Name | |
| NM104 | S | Benefit-Related Entity First Name | Not used by the IHCP |
| NM105 | S | Benefit-Related Entity Middle Name | Not used by the IHCP |
| NM106 | N/A | Name Prefix | Not used |
| NM107 | S | Benefit-Related Entity Name Suffix | Not used by the IHCP |
| NM108 | S | Identification Code Qualifier PI – Payer Identification | This is populated with a PI or spaces. |
| NM109 | S | Benefit-Related Entity Identifier | This element is used for the Carrier Code. |
| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Table 4.49 – 271, Subscriber Benefit-Related Entity Contact Information

| Segment Name | Subscriber Benefit-Related Entity Contact Information |
|----------------------|--|
| Segment ID | PER |
| Loop ID | 2120C |
| Usage | Situational |
| Segment Notes | This segment provides the telephone number of the primary care physician, the managed care entity, or the managed care entity's network. |
| Example | PER*IC**TE*214-555-1212~ |

Table 4.50 – 271, Element ID PER01-PER09

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|----------------------|
| PER01 | R | Contact Function Code IC – Information Contact | |
| PER02 | S | Benefit-Related Entity Contact Name | Not used by the IHCP |

Table 4.50 – 271, Element ID PER01-PER09

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|---|---|
| PER03 | S | Communication Number Qualifier TE – Telephone | |
| PER04 | S | Benefit-Related Entity Communication Number | This element may be populated with any of the following telephone numbers: <ul style="list-style-type: none"> • Primary Care Physician • Managed Care Entity • Managed Care Entity Network |
| PER05 | S | Communication Number Qualifier | Not used by the IHCP |
| PER06 | S | Benefit-Related Entity Communication Number | Not used by the IHCP |
| PER07 | S | Communication Number Qualifier | Not used by the IHCP |
| PER08 | S | Benefit-Related Entity Communication Number | Not used by the IHCP |
| PER09 | N/A | Contact Inquiry Reference | Not used |

Table 4.51 – 271, Subscriber Benefit-Related Provider Information

| Segment Name | Subscriber Benefit-Related Provider Information |
|---------------|--|
| Segment ID | PRV |
| Loop ID | 2120C |
| Usage | Situational |
| Segment Notes | This segment provides the IHCP provider number of the provider to whom the member is restricted. |
| Example | PRV*PE*9K*547689356~ |

Table 4.52 – 271, Element ID PRV01-PRV06

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--|---|
| PRV01 | R | Provider code H – Hospital HH – Home Health Care PE – Performing P2 – Pharmacy SK – Skilled Nursing Facility | |
| PRV02 | R | Reference Identification Qualifier 9K – Servicer | |
| PRV03 | R | Provider Identifier | This element is used for the Restricted Provider Number |

Table 4.52 – 271, Element ID PRV01-PRV06

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|----------|
| PRV04 | N/A | State or Province Code | Not used |
| PRV05 | N/A | Provider Specialty Information | Not used |
| PRV06 | N/A | Provider Organization Code | Not used |

271 Basic Eligibility and Benefit Limitations

This section explains EB segments, their meaning, and the possible entries in a 271 transaction. There can be up to 50 EB segments and not all fields are populated for each EB segment. Data element population is driven by the code value from EB01. There are situations when an eligibility request that includes a span of dates can have multiple occurrences within the response. If the member is eligible for multiple programs or for less than the span of dates in the original request, the additional occurrences identify the eligibility dates of each program.

Eligibility

- EB01 = 1 – Active Coverage
- MSG01 = Text field: *Please see the IHCP Provider Manual.*
- Multiple Eligibility segments use the DTP segments in the Subscriber Eligibility/Benefit Date level. All other elements are populated the same as a single eligibility segment. DTP01 = 307, DTP02 = RD8, and DTP03 = eligibility date.

Benefit Description

- EB01 = D – Benefit Description
- EB05 = Text field that contains the benefit program description. For example, EB05 can indicate any of the following Hoosier Healthwise coverages:
 - 590 Program
 - Children’s Special Health Care Services (CSHCS)
 - Traditional Medicaid
 - Hoosier Healthwise Package A – Standard Plan Services
 - Hoosier Healthwise Package B – Pregnancy Coverage
 - Hoosier Healthwise Package C – Children’s Health Plan
 - Hoosier Healthwise Package D – Persons with Chronic Disabilities and Chronic Illness Services
 - Hoosier Healthwise Package E – Emergency Services

Note: Refer to the Managed Care subsection for delivery system information.

Primary Care Physician

- EB01 = L – Primary Care Provider
- NM101 = P3 – Primary Care Provider
- NM102 = 2 – Business Entity
- NM103 = Primary Care Physician’s Name

- PER01 = IC – Information Contact
- PER03 = TE – Phone Number
- PER04 = Primary care provider’s phone number beginning with the three-digit area code

Managed Care

- EB01 = MC – Managed Care Coordinator
- EB05 = Text field that indicates the following:
 - RBMC – Risk-Based Managed Care
 - PCCM – Primary Care Case Management
 - CARE SELECT
 - HHPD
 - MEDICAID SELECT PCCM
 - MEDICAID SELECT RBMC
 - HEALTHY INDIANA PLAN
- Multiple Managed Care segments use the DTP segments in the Subscriber Eligibility/Benefit Date level. All other elements are populated the same as a single eligibility segment. DTP01 = 307, DTP02 = RD8, and DTP03 = managed care eligibility dates.
- NM101 = P5 – Plan Sponsor
- NM102 = 2 – Business Entity
- NM103 = Managed Care Entity’s Name
- PER01 = IC – Information Contact
- PER03 = TE – Telephone Number
- PER04 = Managed Care Entity’s phone number beginning with the three-digit area code

This loop can be repeated to report Managed Care Network Information.

EB05 is populated on the first pass of the Managed Care Segment. The second pass represents a sub-network.

EB07 is only populated with the emergency room copay amount when EB05 is “Healthy Indiana Plan”.

Provider Restriction

- EB01 = N – Services Restricted to Following Provider
- NM101 = 1P – Provider
- NM102 = 2 – Business Entity
- NM103 = Restricted Provider’s Name
- PRV01 = The following values:
 - H – Hospital
 - HH – Home health care
 - PE – Performing
 - P2 – Pharmacy
 - SK – Skilled nursing facility

- PRV02 = 9K – Servicer
- PRV03 = Restricted Provider’s Provider Number

A restricted EB loop can have multiple occurrences. The program displays all of them if it is not over the 50 EB limit

The HIPAA restriction codes and descriptions are as follows:

- H = Hospital
- HH = Home Health Care
- PE = Performing
- P2 = Pharmacy
- SK = Skilled Nursing Facility

Third Party Liability

- EB01 = R – Other or Additional Payer
- EB04 = C1 – Commercial
- EB05 = Text field indicating one of the TPL coverage types in the IndianaAIM, for example, Major Medical.
- REF01 = IG – Insurance Policy Number
- REF02 = Subscriber’s Insurance Policy Number
- NM101 = 2B – Third Party Administrator
- NM102 = 2 – Business Entity
- NM103 = Third Party Organization’s Name
- NM108 = PI – Payer Identification
- NM109 = Carrier Code

The coverage type can loop multiple times for a given recipient. All of the TPL information is populated the same as in the first occurrence, but with a different coverage code. All coverage types are displayed unless the EB segment is over the 50 EB limit. Each type of coverage is reflected in a separate TPL segment even if the coverage is under the same policy.

TPL coverage types are as follows:

- Cancer
- Dental
- Home Health
- Hospitalization
- Indemnity
- Intermediate Care in a Nursing Facility
- Major Medical
- Medical
- Medicare Supplemental Insurance

- Mental Health
- Optical/Vision
- Pharmacy
- Skilled Care in a Nursing Facility

Medicare

- EB01 = R – Other or Additional Payer
- EB04 = MA – Recipient has Medicare A coverage
- EB04 = MB – Recipient has Medicare B coverage
- EB04 = OT – Other (Subscriber has Medicare D coverage)
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

A Medicare segment is sent for each Medicare coverage a member has.

Example 1

A member has Medicare A coverage only. A Medicare segment is sent on the 271 transaction.

- EB01 = R – Other or Additional Payer
- EB04 = MA – Recipient has Medicare A coverage
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Example 2

A member has Medicare A and B coverage. Two Medicare segments are sent on the 271 transaction.

Segment 1:

- EB01 = R – Other or Additional Payer
- EB04 = MA – Recipient has Medicare A coverage
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Segment 2:

- EB01 = R – Other or Additional Payer
- EB04 = MB – Recipient has Medicare B coverage
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Example 3

A member has Medicare A, B, and D coverage. Three Medicare segments are sent on the 271 transaction.

Segment 1:

- EB01 = R – Other or Additional Payer
- EB04 = MA – Recipient has Medicare A coverage
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Segment 2:

- EB01 = R – Other or Additional Payer
- EB04 = MB – Recipient has Medicare B coverage
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Segment 3:

- EB01 = R – Other or Additional Payer
- EB04 = OT – Other (Subscriber has Medicare D coverage)
- REF01 = F6 – Health Insurance Claim Number
- REF02 = Subscriber's Medicare Number

Qualified Medicare Beneficiary (QMB)

- EB01 = R – Indicates Other or Additional Payer
- EB04 = QM – Qualified Medicare Beneficiary
- EB05 = Text message that indicates whether the subscriber is QMB Only or QMB Also

Nursing Home

The nursing home level of care coverage can loop twice for a given member. All level of care information is populated as in the first occurrence, but with a different level of care in EB05.

- EB01 = X – Health Care Facility
- EB05 = Text message indicating the level of care for the recipient. Valid values for EB05 are as follows:
 - Intermediate Care Facility for the Mentally Retarded (ICF/MR)
 - Skilled Level of Care (LOC)
 - Immediate
- EB07 = Patient Liability Amount
- Level of care coverage includes the following:
 - Nursing Facility
 - ICF/MR
 - Immediate Level of Care
 - Skilled Level of Care
 - Rehabilitation
 - Waiver
 - Hospice

Spend-down

- EB01 = Spend-down
- DTP01 = 356 – Eligibility Begins
- DTP02 = D8 – Spend-down date is in CCYYMMDD format
- DTP03 = Spend-down Met Date, if any

Member Not Eligible

- EB01 = 06 – Inactive
- MSG01 = Text message: *Please see the IHCP Provider Manual.*

A non-eligible segment has only one segment; the other EB segments are not populated.

Limitation Audits (Service Types)

Up to 20 service type codes can be sent on the 270 transaction. A service type code verifying benefit limitations returns the information for that service type code if the limitation has been exceeded, or Service Type Code 30 and basic eligibility if the limitation has not been exceeded. When a request contains a Service Type Code that is mapped to the IHCP's current limitation audit and is determined to exceed the limitation, the 271 response displays the service type code for the exceeded audit. When a requested audit limitation is not exceeded, the requested Service Type Code is not passed back on the 271 response. Instead, Service Type Code 30 is passed back along with basic eligibility. If there is a service type that does not crosswalk to one of IndianaAIM's current limitation audits, Service Type Code 30 is passed back on the response file. The information receiver must be informed that this means the service type requested is not supported by the IHCP or that the requested Service Type Code is not exceeded.

Dental Audit Limitations

A dental cap up to \$600 is provided to dental providers. If the dental cap is met or exceeded, the 271 transaction indicates service type 25 (dental cap) as exceeded. In this instance, the following information is sent:

- Service type 25 exceeded segment
 - EB01 = F – Limitations
 - EB03 = 25
- Dental cap segment
 - EB01 = J – Cost Containment
 - EB05 – Dental Cap Total Spent
 - EB07 – \$600

The following is an example of a service type supported by IndianaAIM (EQ01= 56):

- EB01 = F – Limitations
- EB03 = 56

The following is an example of a service type not supported by IndianaAIM (EQ01= BJ):

- EB01 = F
- EB03 = 30

The limitations EB segment can occur multiple times up to a limit of 20.

Note: A partial or zero amount for the dental cap can also be sent in the EB07 field for dental providers, but EB03 = 30 because the limit is not exceeded.

Dental sealant information is given to providers to indicate whether a member exceeded sealant services. The service type indicates *exceeded* if one of the eligible tooth numbers is sealed. EB05 indicates which tooth numbers are exceeded. For example, the following information is sent if one tooth is sealed:

- EB01 = F – Limitations
- EB03 = 60
- EB05 = 2

The following is sent if all eligible teeth are exceeded for sealant services:

- EB01 = F – Limitations
- EB03 = 60
- EB05 = 2 3 4 5 12 13 14 15 18 19 20 21 28 29 30 31

Durable Medical Equipment Audit Limitations

A home health care cap is give to durable medical equipment (DME) providers. The supply cap can be up to \$1950. If the supply cap is reached, the 271 transaction indicates service type 42 (incontinence supplies) as being exceeded. In this instance, the following information is sent:

- Service type 42 exceeded segment
 - EB01 = F – Limitations
 - EB03 = 42
- The supply cap segment is sent as follows:
 - EB01 = J – Cost Containment
 - EB05 – Supplies Total Sent
 - EB07 – \$1950

Note: A partial or zero amount for the supply cap can also be sent in the EB07 field for DME providers, but EB03 = 30 because the limit is not exceeded.

Table 4.53 – 271, Loop Trailer

| Segment Name | Loop Trailer |
|----------------------|---|
| Segment ID | LE |
| Loop ID | 2110C |
| Usage | Situational |
| Segment Notes | This segment indicates the end of a loop. |
| Example | LE*2120~ |

Table 4.54 – 271, Element ID LE01

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|-------------------------------------|----------|
| LE01 | R | Loop Identifier Code 2120 | |

Table 4.55 – 271, Transaction Set Trailer

| Segment Name | Transaction Set Trailer |
|---------------|--|
| Segment ID | SE |
| Loop ID | N/A |
| Usage | Required |
| Segment Notes | This segment indicates the end of the transaction. |
| Example | SE*52*7656543~ |

Table 4.56 – 271, Element ID SE01-SE02

| Element ID | Usage | Guide Description/Valid Values | Comments |
|------------|-------|--------------------------------|---|
| SE01 | R | Number of Included Segments | Total number of segments included in a transaction set including ST and SE segments. |
| SE02 | R | Transaction Set Control Number | This number is assigned locally by the sender and should match the value in the corresponding ST segment. |

Example of a 271 Transaction

Figure 4.1 is an example of a 271 transaction.

```
ST*271*7656543~
BHT*0022*11*123456789*20021010*0800~
HL*1**20*1~
NM1*P5*2*Indiana Health Coverage Program*****46*IHCP~
AAA*N**79*C~ (Only if a 270 source error occurred)
HL*2*1*21*1~
NM1*1P*2*Doe***** XX*1234567890~
AAA*N**43*C~ (Only if a 270 receiver error occurred)
HL*3*2*22*1~
TRN*1*98175-12547*9877281234~
NM1*IL*1*Doe*John****MI*234567890677~
REF*F6*5644333456~
N3*15197 Elm Street*Apt 05~
N4*Indianapolis*IN*46205~
AAA*N**72*C~ (Only if a 270 subscriber error occurred)
DMG*D8*19500204~
DTP*307*RD8*20021201-20021231~
EB*1**30*MA*Traditional Medicaid*31*200~
REF*F6*653745725~
DTP*356*D8*20020101~
MSG*Please See the Provider Manual~
LS*2120~
NM1*2B*2*Blue Cross Blue Shield*****PI*1435365~
PER*IC**TE*214-555-1212~
PRV*PE*9K*547689356~
LE*2120~
SE*27*7656543~
```

Figure 4.1 – 271 Transaction

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