

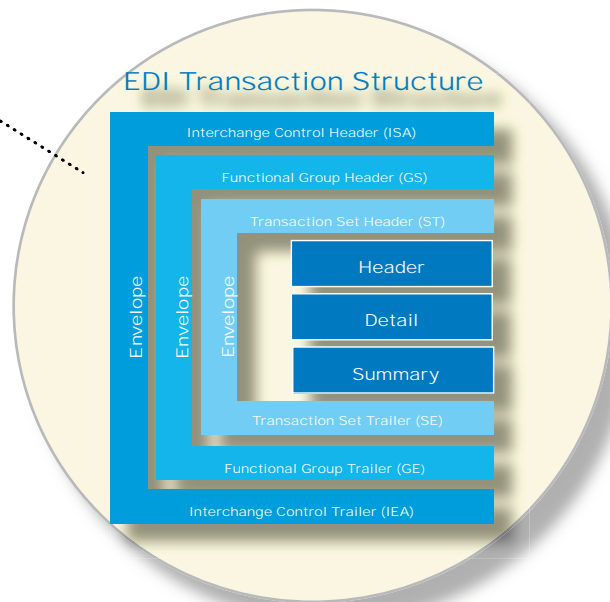
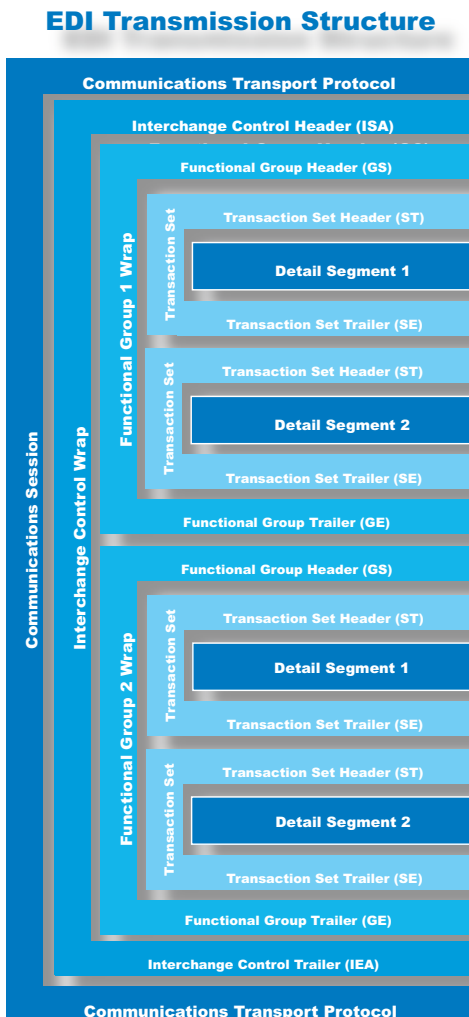
## 270/271 Health Care Eligibility, Coverage, or Benefit Inquiry and Response — Real-Time

### Basic Instructions

This section provides information to prepare for the ANSI ASC X12.281 Eligibility, Coverage, or Benefit Inquiry (270) and the ANSI ASC X12.282 Eligibility, Coverage, or Benefit Response (271) transactions. The remaining sections of this appendix include tables that provide information about 270 and 271 segments and data elements that require specific instructions to efficiently process through UniCare systems.

Use this companion document in conjunction with both the Transaction Set Implementation Guide "Health Care Eligibility, Coverage, or Benefit Inquiry and Response, 270/271, ASC S12N 270/271 (004010X092)," May 2000, and the subsequent Addenda (004010X092A1), October 2002, published by the Washington Publishing Co.

**NOTE! All required segments and data elements populated in the 270 Inquiry will appear in the 271 Response transaction.**



## 1 Council for Affordable Quality Health Care (CAQH)

CAQH is an unprecedented non-profit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The guidelines created by CAQH CORE Phase I provide the foundation for how the HIPAA compliant 270/271 is used.

## 2 Business Purpose

The purpose of generating a 270 Eligibility, Coverage or Benefit inquiry is to allow providers to determine if, and what, benefits and coverage an Anthem member with an ID card has for a specific period of time.

In order to identify the patient correctly, the following five primary identifiers must be supplied:

- Patient's First Name (NM104)
- Patient's Last Name (NM103)
- Patient's Date of Birth (DMG02)
- Subscriber ID Number exactly as it appears on the UniCare ID card including alpha prefix, if applicable (NM109)
- Dates of Eligibility requested by Provider (DTP03)

When the criteria are not met, the AAA segments of the 271 Response will indicate the reason for why the 270 Inquiry has been rejected.

### 3 Receiver ID

For Blue-branded business, trading partners should submit the receiver ID in-state for the provider of service.

For Real-Time submission, the receiver ID must appear in three data elements:

270: ISA08 (Interchange Receiver ID), GS03 (Application Receiver ID), and Loop 2100A NM109 (Information Source ID), and

*\*returned on 271: ISA06 (Interchange Sender ID), GS02 (Application Sender's Code), and Loop 2100A NM109 (Information Source ID)*

270 State Receiver ID			
Real-Time			
State	ISA08 & GS03	State	ISA08 & GS03
CA	040	NH	270
CO	050	NV	265
CT	060	OH	332
GA	101	SC Medicaid	383
IN	130		
KY	160	VA	423
ME	180	WI	450
MO	241	UniCare	UNI

### 4 System Hours of Availability

Since the hours of availability for the 270/271 transaction vary, please note the minimal hours of unavailability based on state of membership before submitting your 270 request.

Unavailability of Membership and Benefit Data for Inquiry 270/271 Real-Time (Eastern Standard Time (EST))							
State of Membership	Day of Week						
	M	T	W	Th	F	Sat	Sun
OH/IN/KY/MO/WI							Not Available
VA						1-4AM	6-9AM 1:30-8PM
GA						4:45-5:15AM 10:30-11PM	4:45-5:15AM 5:30-6PM 10-10:30AM 5-5:30PM
CT/ME/NH CA/CO/NV Medi-Cal UniCare Medicare Advantage							
NY						1-2AM	
Non-CA Medicaid						10-11:59PM	12-8AM
National						4-5AM	12-7AM
Out-of-State Blue Cross Blue Shield Members*						12-6AM	Not Available
*Out-of-state members are sent to originating Blue Cross Blue Shield Association (BCBSA) plan, many of whom support hours above these minimum requirements.							

## 5 Acknowledgements and/or Reports — Report Inventory.

**Real-Time.** On submitting a 270 transaction, you will receive only one of the following responses:

- A TA1 transaction will be returned when our application cannot process the ISA-IEA envelope in your submitted 270 transaction.
- A 997 transaction will be returned when our application determines that submitted 270 transaction does not pass our Level 2 HIPAA validation.
- A 271 response transaction is returned in all other cases. This will indicate the member's coverage or contain an AAA error segment as explanation.

### File Specifications.

- TA1 The TA1 file will contain an ISA segment as a header, will contain 1 or more TA1 segment as described in HIPAA Implementation Guides, and have an IEA segment as a trailer.
- 997 The TA1 file will contain an ISA segment header and IEA trailer and then contain segments as described in the HIPAA Implementation Guides.

#### Sample TA1 File:

```

ISA*00* *00* *ZZ*RECEIVER          *ZZ*SENDER          *080131*0859*U*00401*000000001*0*T*^~
TA1*723010535*061024*1006*R*023~
TA1*723010535*061024*1006*R*001~
TA1*723010535*061024*1006*R*021~
TA1*723010535*061024*1006*R*009~
TA1*723010535*061024*1006*R*024~
IEA*0*000000001~
    
```

#### Sample 997 File

```

ISA*00* *00* *ZZ*RECEIVER          *ZZ*SENDER          *080131*0859*U*00401*000000001*0*T*
GS*FA*RECEIVER*SENDER*20080131*085935*1*X*004010~
ST*997*0001~
AK1*HS*102437~
AK2*270*4915179~
AK4*1*98*7~
AK5*R*5~
AK9*R*111222321*1*1~
SE*7*0001~
GE*1*1~
IEA*1*000000001~
    
```

## 6 Delimiters

UniCare accepts any of the standard delimiters as defined by the ANSI standards. The more commonly used delimiters include the following:

- Data Element Separator, Asterisk, (\*)
- Sub-Element Separator, Colon, (:) )
- Segment Terminator, Tilde, (~)

These delimiters are for illustration purposes only and are not specific recommendations or requirements.

## 7 271 Benefit Service Types Detail. General Inquiry (EQ01=30) versus Benefit Service Type Inquiries

Listed on the following page is the set of benefits generated on a 271 Response to a 270 Inquiry; general 'EQ01 '30' inquiry. Note that your 271 may be codified from a system external to UniCare and that you should be prepared to support the full implementation guide. UniCare member's data returned include co-pays, co-insurance, deductible, deductible remaining, benefit limitations, and benefit limitation remaining accumulators as applicable to the coverage and benefits of the member. All UniCare benefit accumulators reflect data that has been updated within the last 36 hours and note that accumulated amounts may change as additional claims are processed.

Benefit data returned for specific service types is the same whether in response to a general inquiry or an explicit service type inquiry.

Benefit Accumulators will rollout early in the 4th quarter of 2008 for select UniCare membership, with all membership expected to return accumulators at the beginning of the 1st quarter of 2009.

271 Benefit Service Types (EB03 and MSG01 Values)					
1	Medical Care	50	Hospital - Outpatient	A7	Psychiatric - Inpatient
33	Chiropractic	86	Emergency Services	A8	Psychiatric - Outpatient
35	Dental Care	88	Pharmacy	AL	Vision (Optometry)
48	Hospital - Inpatient	98	Office	MSG01 = "URGENT"	
50	Hospital - Outpatient			MSG01 = "SPECIALIST"	

### Sensitive Benefits

Benefit Accumulators will not be returned for the following services: 61 - In-Vitro Fertilization, 69 - Maternity, 83 - Infertility, 84 - Abortion, A6 - Psychotherapy, A7 - Psychiatric-Inpatient, A8 - Psychiatric-Outpatient, and AI - Substance Abuse.

In addition, the service types not listed in the chart above but that can be returned for some UniCare members are also considered sensitive: A4 - Psychiatric, A5 - Psychiatric - Room and Board, A9 - Rehab, AA - Rehab - Room and Board, AB - Rehab - Inpatient, AC - Rehab - Outpatient, AJ - Alcoholism, AK - Drug Addiction, BB - Partial Hospitalization (Psych), BC - Day Care (Psych), and BD - Cognitive Therapy.

The static amounts are returned for these services, but any data that indicates utilization of these services by the member are not returned.

## 8 271 Benefit Service Types (EB03, MSG01) in Response to 270 Service Type Specific Inquiry

UniCare supports the use of individual inquiries. Using any of the service types (listed below) instead of an EQ01 '30' value will result in a more streamlined 271 response.

270 EQ01 Service Type Specific Inquiries Supported (in Addition to General '30' Inquiry)			
1	Medical Care	32	Plan Waiting Period
2	Surgical	33	Chiropractic
3	Consultation	34	Chiropractic Office Visits
4	Diagnostic X-Ray	35	Dental Care
5	Diagnostic Lab	36	Dental Crowns
6	Radiation Therapy	37	Dental Accident
7	Anesthesia	38	Orthodontics
8	Surgical Assistance	39	Prosthodontics
9	Other Medical	40	Oral Surgery
10	Blood Charges	41	Routine (Preventive) Dental
11	Used Durable Medical Equipment	42	Home Health Care
12	Durable Medical Equipment Purchase	43	Home Health Prescriptions
13	Ambulatory Service Center Facility	44	Home Health Visits
14	Renal Supplies in the Home	45	Hospice
15	Alternate Method Dialysis	46	Respite Care
16	Chronic Renal Disease (CRD) Equipment	47	Hospital
17	Pre-Admission Testing	48	Hospital - Inpatient
18	Durable Medical Equipment Rental	49	Hospital - Room and Board
19	Pneumonia Vaccine	50	Hospital - Outpatient
20	Second Surgical Opinion	51	Hospital - Emergency Accident
21	Third Surgical Opinion	52	Hospital - Emergency Medical
22	Social Work	53	Hospital - Ambulatory Surgical
23	Diagnostic Dental	54	Long Term Care
24	Periodontics	55	Major Medical
25	Restorative	56	Medically Related Transportation
26	Endodontics	57	Air Transportation
27	Maxillofacial Prosthetics	60	General Benefits
28	Adjunctive Dental Services	61	In-vitro Fertilization
30	Health Benefit Plan Coverage	62	MRI/CAT Scan
65	Newborn Care	68	Well Baby Care
69	Maternity	73	Diagnostic Medical
76	Dialysis	78	Chemotherapy
80	Immunizations	81	Routine Physical
82	Family Planning	83	Infertility
84	Abortion	86	Emergency Services
88	Pharmacy	93	Podiatry
98	Professional (Physician) Visit - Office	99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient	A3	Professional (Physician) Visit - Home
A6	Psychotherapy	A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient	AD	Occupational Therapy
AE	Physical Medicine	AF	Speech Therapy
AG	Skilled Nursing Care	AI	Substance Abuse
AL	Vision (Optometry)	BG	Cardiac Rehabilitation
BH	Pediatric		

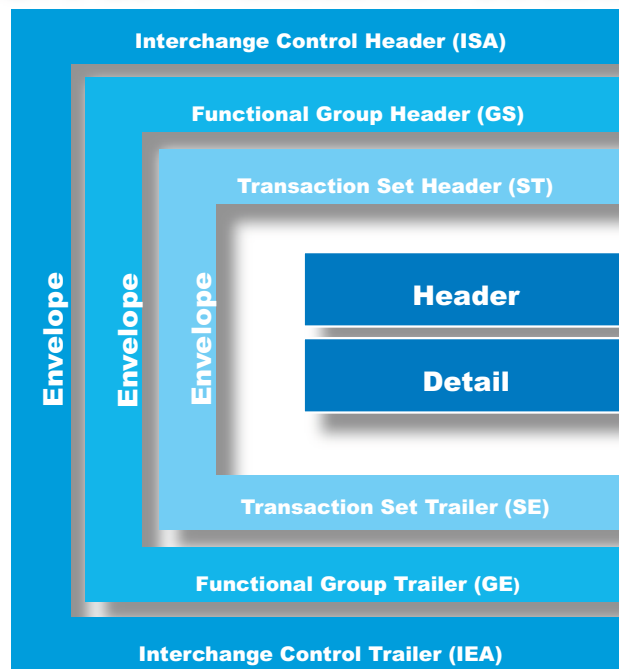
## Enveloping

This section explains EDI enveloping of the 270 Eligibility, Coverage or Benefit Inquiry that will help you submit requests to UniCare.

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into functional groups. The envelope includes the following components:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

### 270 EDI Transaction Structure



## 270 Envelope Control Segments – Inbound

### 1 270 Health Care Eligibility, Coverage or Benefit Response - Interchange Control Header (ISA)

The ISA segment is the beginning, outermost envelope of the interchange control structure. It contains authorization and security information, and identifies the sender, receiver, date, time, and interchange control number.

270 Eligibility, Coverage or Benefit Inquiry Interchange Control Header (ISA)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b><i>A single patient eligibility inquiry request may be submitted per ISA. If multiple requests are sent, a response will be generated for the first subscriber or dependent request only.</i></b>			
ISA Interchange Control Header	ISA01 Auth Info Qualifier	00	00 - No Authorization Information Present
	ISA02 Auth Information	(10 Spaces)	Enter 10 positions.
	ISA03 Security Info Qualifier	00	00 - No Security Information Present
	ISA04 Security Information	(10 Spaces)	Enter 10 positions.
	ISA05 Interchange ID Qualifier	(See 270 IG, Appendix B.4)	Qualifier dependent on interchange sender ID selected.
	ISA06 Interchange Sender ID	(Submitter ID)	<ul style="list-style-type: none"> <li>▪ EDI assigned Submitter ID at the time of enrollment.</li> <li>▪ Format - Fixed length of 15 positions, alphanumeric.</li> <li>▪ Left-justified followed by spaces.</li> <li>▪ Identical to GS02.</li> </ul>
	ISA07 Interchange ID Qualifier	ZZ	ZZ - Mutually Defined
	ISA08 Interchange Receiver ID	(See Basic Instructions, P.6)	<ul style="list-style-type: none"> <li>▪ Receiver ID of the state receiving the 270 inquiry.</li> <li>▪ Left-justified followed by spaces.</li> </ul>
	ISA09 Interchange Date	(YYMMDD)	Valid date in YYMMDD format.
	ISA10 Interchange Time	(HHMM)	Valid time in HHMM format.
	ISA11 Interchange Control Standards Identifier	U	U - U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12 Interchange Control Version Number	00401	00401 - Draft Standards for Trial Used Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13 Interchange Control Number	(Assigned by Sender)	<ul style="list-style-type: none"> <li>▪ Format - Fixed length 9 positions, numeric.</li> <li>▪ Unique value greater than zero and not used in any HIPAA transmission within last 30 calendar period.</li> <li>▪ Right-justified, filled with leading zeroes.</li> <li>▪ Identical to IEA02.</li> </ul>
	ISA14 Acknowledgment Requested	0	<ul style="list-style-type: none"> <li>0 - No Acknowledgment Requested</li> <li>▪ Regardless of value, TA1 will always be returned based on errors in the submitted 270.</li> </ul>
	ISA15 Usage Indicator	P, T	Submitter ID must be approved to submit production data. P - Production Data; T - Test Data
	ISA16 Component Element Separator	(X)	X - 1 character contained in Basic or Extended Character set. Value must not equal A-Z, a-z, 0-9, "space", and special characters which may appear in text data (i.e., hyphen, comma, period, apostrophe).

## 2 270 Health Care Eligibility, Coverage or Benefit Inquiry - Functional Group Header (GS)

The GS segment identifies the collection of transaction sets that are included within the functional group. More specifically, the GS segment identifies the functional group, sender, receiver, date, time, group control number, and version/release/industry code for the transaction sets.

270 Eligibility, Coverage or Benefit Inquiry Functional Group Header (GS)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>GS</b> Functional Group Header	<b>GS01</b> Functional Identifier Code	<b>HS</b>	HS - Eligibility, Coverage or Benefit Inquiry (270)
	<b>GS02</b> Application Sender's Code	<b>(Submitter ID)</b>	<ul style="list-style-type: none"> <li>▪ EDI assigned Submitter ID at the time of enrollment.</li> <li>▪ Format - 2-15 positions, alphanumeric.</li> <li>▪ Left-justified with no trailing zeroes or spaces.</li> <li>▪ Identical to ISA06.</li> </ul>
	<b>GS03</b> Application Receiver's Code	<b>(See Basic Instructions, P.6)</b>	Represents Routing Code (Receiver ID) of the state receiving the 270 inquiry.
	<b>GS04</b> Date	<b>(CCYYMMDD)</b>	Value must be a valid date in CCYYMMDD format.
	<b>GS05</b> Time	<b>(HHMM)</b>	Value must be a valid time in HHMM format.
	<b>GS06</b> Group Control Number	<b>(Assigned by Sender)</b>	<ul style="list-style-type: none"> <li>▪ Format - 1-9 positions, numeric.</li> <li>▪ Unique value greater than zero and not used in any HIPAA transmission within last 30 calendar period.</li> <li>▪ Left-justified with no trailing zeroes or spaces.</li> <li>▪ Identical to GE02.</li> </ul>
	<b>GS07</b> Responsible Agency Code	<b>X</b>	X - Accredited Standards Committee X12
	<b>GS08</b> Version / Release / Industry Identifier Code	<b>004010X092A1</b>	Operationally used to identify the 270 Eligibility, Coverage or Benefit Inquiry transaction.

### 3 270 Health Care Eligibility, Coverage or Benefit Inquiry - Functional Group Trailer (GE)

The GE segment indicates the end of the functional group and provides control information.

270 Eligibility, Coverage or Benefit Inquiry Functional Group Trailer (GE)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>GE</b> Functional Group Trailer	<b>GE01</b> Number of Transaction Sets Included	<i>(Total Number of Transaction Sets in Functional Group or Transmission)</i>	<ul style="list-style-type: none"> <li>Format - 1-6 positions, numeric.</li> <li>Left-justified with no trailing zeroes or spaces.</li> </ul>
	<b>GE02</b> Group Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> <li>Format - 1-9 positions, numeric.</li> <li>Left-justified with no trailing zeroes or spaces.</li> <li>Identical to GS06.</li> </ul>

### 4 270 Health Care Eligibility, Coverage or Benefit Inquiry - Interchange Control Trailer (IEA)

The IEA segment is the ending, outermost envelope of the interchange control structure. It indicates and verifies the number of functional groups included within the interchange and the interchange control number (the same number indicated in the ISA segment).

270 Eligibility, Coverage or Benefit Inquiry Interchange Control Trailer (IEA)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>IEA</b> Interchange Control Trailer	<b>IEA01</b> Number of Included Functional Groups	<i>(Number of Functional Groups GS/GE Pairs in Interchange)</i>	<ul style="list-style-type: none"> <li>Format - 1-5 positions, numeric.</li> <li>Left-justified with no trailing zeroes or spaces.</li> </ul>
	<b>IEA02</b> Interchange Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> <li>Format - Fixed length 9 positions, numeric.</li> <li>Unique value greater than zero.</li> <li>Identical to ISA13.</li> </ul>

## 270 Health Care Eligibility, Coverage or Benefit Inquiry - Header

The 270 Eligibility, Coverage or Benefit Inquiry Header identifies the start of a transaction, the specific transaction set, and its business purpose. Also, when a transaction set uses a hierarchical data structure, a data element in the header, BHT01 (Hierarchical Structure Code) relates the type of business data expected within each level.

270 Eligibility, Coverage or Benefit Inquiry—Header				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.36	ST Transaction Set Header	<b>ST01</b> Transaction Set Identification Code	<b>270</b>	270 - Eligibility, Coverage or Benefit Inquiry
		<b>ST02</b> Transaction Set Control Number	<b>(Identical to SE02)</b>	Unique value.
P.38	BHT Beginning of Hierarchical Transaction	<b>BHT01</b> Hierarchical Structure Code	<b>0022</b>	0022 - Information Source, Information Receiver, Subscriber, Dependent
		<b>BHT02</b> Transaction Set Purpose Code	<b>13</b>	13 - Request
		<b>BHT03</b> Reference Identification	<b>(Submitter Transaction Identifier)</b>	Value will be returned on corresponding 271.
		<b>BHT04</b> Date	<b>(Transaction Set Creation Date)</b>	Date when 270 transaction created.
		<b>BHT05</b> Time	<b>(Transaction Set Creation Time)</b>	Time when 270 transaction created.

## 270 Health Care Eligibility, Coverage or Benefit Inquiry - Detail

The 270 Eligibility, Coverage or Benefit Inquiry Detail level contains all data relating to the requested transaction, including transaction participants, the subscriber, the dependent, and the patient detail information. Using a hierarchical level (HL) structure, the four levels for the participant types include:

- 1) **Information Source Level** The Information Source is the payer that maintains the information regarding the patient's coverage.  
**NOTE! Information source does not refer to the entity sending the transaction.**
- 2) **Information Receiver Level** The Information Receiver is the entity requesting information regarding the patient's coverage and is typically the medical service provider verifying insurance coverage for the patient.
- 3) **Subscriber Level** The subscriber, who may or may not be the patient, is uniquely identified to an Information Source, traditionally referred to as a member.
- 4) **Dependent Level** The dependent, who may or may not be the patient, is related to the subscriber.

### 1 270 Health Care Eligibility, Coverage or Benefit Inquiry - Information Source Level

Loops 2000A and 2100A contain the Information Source Level. The following table identifies the required and situational segments & data elements, that are used to process efficiently through UniCare systems.

270 Eligibility, Coverage or Benefit Inquiry—Detail Information Source Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000A—Information Source Level</b>				
P.41	HL Information Source Level	HL01 Hierarchical ID Number	<i>(Assigned Positive Number)</i>	Identifies each specific occurrence of an HL segment within a transaction set.
<b>Loop ID 2100A—Information Source Name</b>				
P.44	NM1 Information Source Name	NM101 Entity Identifier Code	<i>PR</i>	PR - Payer
		NM102 Entity Type Qualifier	<i>2</i>	2 - Nonperson Entity
		NM103 Name Last or Organization Name	<i>(See Basic Instructions, P.6)</i>	Corresponds to Receiver/Sender ID populated in NM109.
		NM108 Identification Code Qualifier	<i>PI</i>	PI - Payor Identification
		NM109 Identification Code	<i>(See Basic Instructions, P.6)</i>	Information Source Identifier (Receiver ID)

## 2 270 Health Care Eligibility, Coverage or Benefit Inquiry - Information Receiver Level

Loops 2000B and 2100B contain the Information Receiver Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

270 Eligibility, Coverage or Benefit Inquiry—Detail Information Receiver Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100B—Information Receiver Name</b>				
P.50	NM1 Information Receiver Name	NM101 Entity Identifier Code	<b>1P</b> <b>80</b> <b>FA</b> <b>GP</b>	1P - Provider 80 - Hospital FA - Facility GP - Gateway Provider
		NM108 Identification Code Qualifier	<b>SV</b> <b>XX</b>	SV - Service Provider Number XX - HCFA National Provider Identifier
		NM109 Identification Code	<b>(Information Receiver ID No.)</b>	• Service Provider No. ('SV') - for Exempt Provider • NPI ('XX')

### 3 270 Health Care Eligibility, Coverage or Benefit Inquiry - Subscriber Level

Loops 2100C and 2110C contain the Subscriber Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

270 Eligibility, Coverage or Benefit Inquiry—Detail Subscriber Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000C—Subscriber Level</b>				
P.69	TRN Subscriber Trace Number	TRN02 Reference Identification	(Trace Number)	Assigned by provider and necessary for matching of the 271 Response.
<b>Loop ID 2100C—Subscriber Name</b>				
P.71	NM1 Subscriber Name	NM103 Name Last or Organization Name	(Subscriber Last Name)	First and Last name of the subscriber exactly as they appear on the ID card. Populated for finding match for subscriber.
		NM104 Name First	(Subscriber First Name)	
		NM108 ID Code Qualifier	MI	MI - Member Identification Number
		NM109 Identification Code	(Subscriber Primary ID)	ID number exactly as it appears on the ID card, <b>including any alpha prefix, which is required when present.</b> Populated for finding match for subscriber.
		<b>Format Examples</b>		
XXX##### R##### XXXX##### J##### XXX##X#####		Alphanumeric subscriber identification as it appears on the front of the ID card.		
P.83	DMG Subscriber Demographic Information	DMG01 Date Time Period Format Qualifier	D8	D8 - Date Expressed in Format CCYYMMDD
		DMG02 Date Time Period	(Subscriber Birth Date)	Populated for positive identification of the subscriber.
P.87	DTP Subscriber Date	DTP01, DTP02 Date/Time Qualifier Date Time Period Format Qualifier	307 RD8	307 - Eligibility RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03 Date Time Period	(Date as Qualified by DTP01, DTP02)	Span of dates in which the provider is requesting confirmation about a patient's eligibility. Populated for positive identification of the subscriber.
		<b>Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry Information</b>		
P.89	EQ Subscriber Elig or Benefit Inquiry Info	EQ01 Service Type Code	(See Basic Instructions)	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document.
P.106	DTP Subscriber Eligibility/ Benefit Date	DTP01, DTP02 Date/Time Qualifier Date Time Period Format Qualifier	307 RD8	307 - Eligibility RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03 Date Time Period	(Date as Qualified by DTP01, DTP02)	Span of dates in which the provider is requesting confirmation about a patient's eligibility. Populated for positive identification of the subscriber.

#### 4 270 Health Care Eligibility, Coverage or Benefit Inquiry - Dependent Level

Loops 2100D and 2110D contain the Dependent Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

270 Eligibility, Coverage or Benefit Inquiry—Detail Dependent Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000D—Dependent Level</b>				
P.112	<b>TRN</b> Subscriber Trace Number	<b>TRN02</b> Reference Identification	<i>(Trace Number)</i>	Assigned by provider and necessary for matching of the 271 Response.
<b>Loop ID 2100D—Dependent Name</b>				
P.114	<b>NM1</b> Dependent Name	<b>NM103</b> Name Last or Organization Name	<i>(Dependent Last Name)</i>	First and Last name of the dependent exactly as they appear on the ID card. Populated for finding match for dependent.
		<b>NM104</b> Name First	<i>(Dependent First Name)</i>	
P.124	<b>DMG</b> Dependent Demographic Information	<b>DMG01</b> Date Time Period Format Qualifier	<i>D8</i>	D8 - Date Expressed in Format CCYYMMDD
		<b>DMG02</b> Date Time Period	<i>(Dependent Birth Date)</i>	Dependent's date of birth. Populated for positive identification of the dependent as the patient.
		<b>DMG03</b> Gender Code	<i>F</i> <i>M</i>	F - female M - male Value of 'U' (unknown) is not valid
P.129	<b>DTP</b> Dependent Date	<b>DTP01</b> Date/Time Qualifier	<i>307</i>	307 - Eligibility
		<b>DTP02</b> Date Time Period Format Qualifier	<i>RD8</i>	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		<b>DTP03</b> Date Time Period	<i>(Date as Qualified by DTP01, DTP02)</i>	Span of dates in which the provider is requesting confirmation about a patient's eligibility. Populated for positive identification of the dependent as the patient.
<b>Loop ID 2110D—Dependent Eligibility or Benefit Inquiry Information</b>				
P.131	<b>EQ</b> Dependent Eligibility or Benefit Inquiry Information	<b>EQ01</b> Service Type Code	<i>(See Basic Instructions)</i>	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document.
P.145	<b>DTP</b> Dependent Eligibility/ Benefit Date	<b>DTP01</b> Date/Time Qualifier	<i>307</i>	307 - Eligibility
		<b>DTP02</b> Date Time Period Format Qualifier	<i>RD8</i>	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		<b>DTP03</b> Date Time Period	<i>(Date as Qualified by DTP01, DTP02)</i>	Span of dates in which the provider is requesting confirmation about a patient's eligibility. Populated for positive identification of the dependent as the patient.

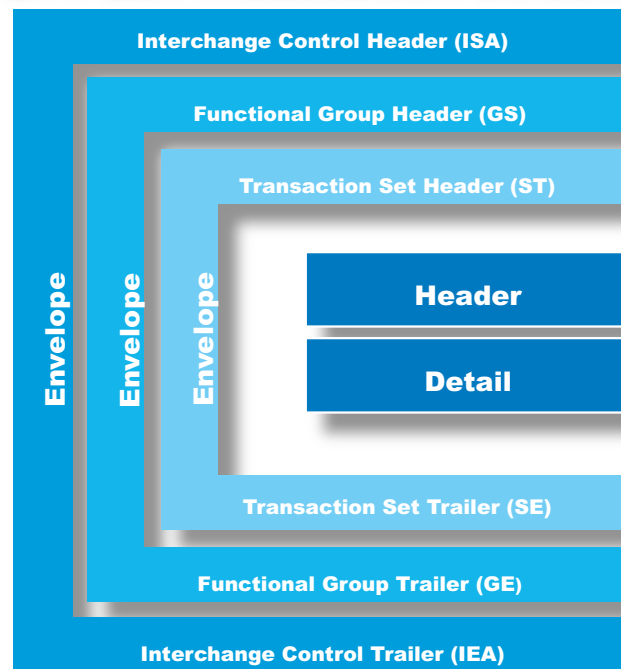
## Enveloping

This section explains EDI enveloping of the 271 Eligibility, Coverage or Benefit transaction that will help you when receiving responses from UniCare.

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into functional groups. The envelope includes the following components:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

### 271 EDI Transaction Structure



## 271 Envelope Control Segments – Outbound

### 1 271 Health Care Eligibility, Coverage or Benefit Response - Interchange Control Header (ISA)

The ISA segment is the beginning, outermost envelope of the interchange control structure. It contains authorization and security information, and identifies the sender, receiver, date, time, and interchange control number.

271 Eligibility, Coverage or Benefit Information Interchange Control Header (ISA)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
ISA Interchange Control Header	ISA01 Auth Information Qualifier	00	00 - No Authorization Information Present
	ISA02 Authorization Information	(10 Spaces)	10 position value populated on 270 inquiry.
	ISA03 Security Info Qualifier	00	00 - No Security Information Present
	ISA04 Security Information	(10 Spaces)	10 position value populated on 270 inquiry.
	ISA05 Interchange ID Qualifier	ZZ	ZZ - Mutually Defined
	ISA06 Interchange Sender ID	(See Basic Instructions, P.6)	Receiver ID populated in ISA08 on 270 inquiry.
	ISA07 Interchange ID Qualifier	ZZ	ZZ - Mutually Defined
	ISA08 Interchange Receiver ID	(Receiver ID)	Submitter ID populated in ISA06 on 270 inquiry.
	ISA09 Interchange Date	(YYMMDD)	Valid date in YYMMDD format.
	ISA10 Interchange Time	(HHMM)	Valid time in HHMM format.
	ISA11 Interchange Control Standards Identifier	U	U - U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12 Interchange Control Version Number	00401	00401 - Draft Standards for Trial Used Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13 Interchange Control Number	(Assigned by Sender)	<ul style="list-style-type: none"> <li>▪ Format - 9 position numeric.</li> <li>▪ Unique value greater than zero, not used in previous HIPAA transaction within 30 calendar day period.</li> <li>▪ Right-justified, filled with leading zeroes.</li> <li>▪ Identical to value in IEA02.</li> </ul>
	ISA14 Acknowledgment Requested	0	0 - No Acknowledgment Requested <ul style="list-style-type: none"> <li>▪ Regardless of value, TA1 will always be returned based on errors in the submitted 270.</li> </ul>
	ISA15 Usage Indicator	P, T	Submitter ID must be approved to submit production data. P - Production Data; T - Test Data
	ISA16 Component Element Separator	(X)	X - 1 character contained in Basic or Extended Character set. Value not equal A-Z, a-z, 0-9, "space", and special characters which may appear in text data (i.e., hyphen, comma, period, apostrophe).

## 2 271 Health Care Eligibility, Coverage or Benefit Response - Functional Group Header (GS)

The GS segment identifies the collection of transaction sets that are included within the functional group. More specifically, the GS segment identifies the functional group, sender, receiver, date, time, group control number, and version/release/industry code for the transaction sets.

271 Health Care Eligibility, Coverage or Benefit Information Functional Group Header (GS)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>GS</b> Functional Group Header	<b>GS01</b> Functional Identifier Code	<b>HB</b>	HB - Eligibility, Coverage or Benefit Information (271)
	<b>GS02</b> Application Sender's Code	<b>(See Basic Instructions, P.6)</b>	Represents Routing Code (Sender ID) of the state responding to the 270 inquiry.
	<b>GS03</b> Application Receiver's Code	<b>*(Receiver ID)</b>	*Submitter ID populated on 270 inquiry.
	<b>GS04</b> Date	<b>(CCYYMMDD)</b>	Valid date in CCYYMMDD format.
	<b>GS05</b> Time	<b>(HHMM)</b>	Valid time in HHMM format.
	<b>GS06</b> Group Control Number	<b>(Assigned by Sender)</b>	<ul style="list-style-type: none"> <li>▪ Format - 1-9 position numeric.</li> <li>▪ Unique value greater than zero, not used in previous HIPAA transaction within 30 calendar day period.</li> <li>▪ Right-justified, filled with leading zeroes.</li> <li>▪ Identical to value in GE02.</li> </ul>
	<b>GS07</b> Responsible Agency Code	<b>X</b>	X - Accredited Standards Committee X12
	<b>GS08</b> Version / Release / Industry Identifier Code	<b>004010X092A1</b>	Operationally used to identify the 271 Eligibility, Coverage or Benefit Information transaction.

**NOTE. Group Control Number (GS06)**

A new, unique GS Control Number is assigned to the 271 transaction. Since the original submitted GS Control Number on the 270 transaction is not used, the TRN number is used to match the 271 response to the 270 inquiry.

### 3 271 Health Care Eligibility, Coverage or Benefit Response - Functional Group Trailer (GE)

The GE segment indicates the end of the functional group and provides control information.

271 Eligibility, Coverage or Benefit Information Functional Group Trailer (GE)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
GE Functional Group Trailer	GE01 Number of Transaction Sets Included	<i>(Total Number of Transaction Sets in Functional Group or Transmission)</i>	<ul style="list-style-type: none"> <li>Format - 1-6 positions, numeric.</li> <li>Left-justified with no trailing zeroes or spaces.</li> </ul>
	GE02 Group Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> <li>Format - 1-9 positions, numeric.</li> <li>Left-justified with no trailing zeroes or spaces.</li> <li>Identical to GS06.</li> </ul>

### 4 271 Health Care Eligibility, Coverage or Benefit Response - Interchange Control Trailer (IEA)

The IEA segment is the ending, outermost envelope of the interchange control structure. It indicates and verifies the number of functional groups included within the interchange and the interchange control number (the same number indicated in the ISA segment).

271 Eligibility, Coverage or Benefit Information Interchange Control Trailer (IEA)			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
IEA Interchange Control Trailer	IEA01 Number of Included Functional Groups	<i>(Number of Functional Groups GSIGE Pairs in Interchange)</i>	<ul style="list-style-type: none"> <li>Format - 1-5 positions, numeric.</li> <li>Left-justified with no trailing zeroes.</li> </ul>
	IEA02 Interchange Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> <li>Format - Fixed length 9 positions, numeric.</li> <li>Unique value greater than zero.</li> <li>Identical to ISA13.</li> </ul>

## 271 Health Care Eligibility, Coverage or Benefit Response - Header

The 271 Eligibility, Coverage of Benefit Response Header identifies the start of a transaction, the specific transaction set, and its business purpose. Also, when a transaction set uses a hierarchical data structure, a data element in the header, BHT01 (Hierarchical Structure Code) relates the type of business data expected within each level.

271 Eligibility, Coverage or Benefit Information—Header				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.154	<b>ST</b> Transaction Set Header	<b>ST01</b> Transaction Set Identification Code	<b>271</b>	271 - Eligibility, Coverage or Benefit Information
		<b>ST02</b> Transaction Set Control Number	<i>(Identical to SE02)</i>	Unique value.
P.156	<b>BHT</b> Beginning of Hierarchical Transaction	<b>BHT01</b> Hierarchical Structure Code	<b>0022</b>	0022 - Information Source, Information Receiver, Subscriber, Dependent
		<b>BHT02</b> Transaction Set Purpose Code	<b>11</b>	11 - Response
		<b>BHT03</b> Reference Identification	<i>(Submitter Transaction Identifier)</i>	Identifier received on corresponding 270.
		<b>BHT04</b> Date	<i>(Transaction Set Creation Date)</i>	Date when 271 transaction created.
		<b>BHT05</b> Time	<i>(Transaction Set Creation Time)</i>	Time when 271 transaction created.

## 271 Health Care Eligibility, Coverage or Benefit Response - Detail

The 271 Eligibility, Coverage or Benefit Response Detail level contains all data relating to the requested transaction, including transaction participants, the subscriber, the dependent, and the patient detail information. Using a hierarchical level (HL) structure, the four levels for the participant types include:

- 1) **Information Source Level** The Information Source is the payer that maintains the information regarding the patient's coverage.

**NOTE! Information source does not refer to the entity sending the transaction.**

- 2) **Information Receiver Level** The Information Receiver is the entity requesting information regarding the patient's coverage and is typically the medical service provider verifying insurance coverage for the patient.
- 3) **Subscriber Level** The subscriber, who may or may not be the patient, is uniquely identified to an Information Source, traditionally referred to as a member.
- 4) **Dependent Level** The dependent, who may or may not be the patient, is related to the subscriber.

# 1 271 Health Care Eligibility, Coverage or Benefit Response - Information Source Level

Loops 2000A and 2100A contain the Information Source Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

271 Eligibility, Coverage or Benefit Information—Detail Information Source Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000A—Information Source Level</b>				
P.160	AAA Request Validation	AAA01 Yes/No Condition or Response Code	<i>(Valid Request Indicator)</i>	Indicates that the request 270 was rejected.
		AAA03 Reject Reason Code	<i>(Assigned by Issuer)</i>	Indicates the reason why the transaction was not processed successfully.
		AAA04 Follow-up Action Code	<i>(Recipient Instruction)</i>	Indicates what further action needs to be taken.
<b>Loop ID 2100A—Information Source Name</b>				
P.163	NM1 Information Source Name	NM101 Entity Identifier Code	<i>PR</i>	PR - Payer
		NM102 Entity Type Qualifier	<i>2</i>	2 - Non- Person Entity
		NM103 Name Last or Organization Name	<i>(See Basic Instructions, P.6)</i>	Name corresponds to the Receiver/Sender ID populated in NM109.
		NM108 Identification Code Qualifier	<i>PI</i>	PI - Payor Identification
		NM109 Identification Code	<i>(See Basic Instructions, P.6)</i>	Information Source Identifier (Sender ID)
P.172	AAA Request Validation	AAA01 Yes/No Condition or Response Code	<i>(Valid Request Indicator)</i>	Indicates that the request 270 was rejected.
		AAA03 Reject Reason Code	<i>(Assigned by Issuer)</i>	Indicates the reason why the transaction was not processed successfully.
		AAA04 Follow-up Action Code	<i>(Recipient Instruction)</i>	Indicates what further action needs to be taken.

## 2 271 Health Care Eligibility, Coverage or Benefit Response - Information Receiver Level

Loops 2100B contains the Information Receiver Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

271 Eligibility, Coverage or Benefit Information—Detail Information Receiver Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100B—Information Receiver Name</b>				
P.178	<b>NM1</b> Information Receiver Name	<b>NM101</b> Entity Identifier Code	<b>1P</b> <b>80</b> <b>FA</b> <b>GP</b>	1P - Provider 80 - Hospital FA - Facility GP - Gateway Provider
		<b>NM103</b> Name Last or Organization Name	<b>(Information Receiver Last or Organization Name)</b>	Name of organization, information receiver.
		<b>NM108</b> Identification Code Qualifier	<b>SV</b> <b>XX</b>	SV - Service Provider Number XX - HCFA National Provider Identifier
		<b>NM109</b> Identification Code	<b>(Information Receiver Identification No.)</b>	• Service Provider No ('SV') - for Exempt Providers • NPI ('XX')

### 3 271 Health Care Eligibility, Coverage or Benefit Response - Subscriber Level

Loops 2100C and 2110C contain the Subscriber Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

271 Eligibility, Coverage or Benefit Information—Detail Subscriber Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000C—Subscriber Level</b>				
P.187	HL Subscriber Level	HL01 Hierarchical ID No.	<i>(Assigned by Sender)</i>	Identifies each specific occurrence of an HL segment within a transaction set.
		HL02 Hierarchical Parent ID Number	<i>See 271 IG Page 188</i>	Identifies the specific hierarchical level to which this level is subordinate.
		HL04 Hierarchical Child Code	<i>See 271 IG Page 189</i>	Indicates additional hierarchical levels subordinate to the current hierarchical level.
P.190	TRN Subscriber Trace Number	TRN02 Reference Identification	<i>(Trace Number)</i>	Represents provider assigned TRN02 (Loop 2000C) populated on 270 Request.
<b>Loop ID 2100C—Subscriber Name</b>				
P.193	NM1 Subscriber Name	NM103, NM104 Name Last/Org Name, First	<i>(Subscriber Last Name, First Name)</i>	First and Last name of the subscriber as it appears on the ID card.
		NM108 Identification Code Qualifier	<i>MI</i>	MI - Member Identification Number
		NM109 Identification Code	<i>(Subscriber Primary ID)</i>	Identification number as it appears on the ID card including the alpha prefix, which is required if present.
P.196	REF Subscriber Additional Identification	REF01 Reference Identification Code Qualifier	<i>6P</i>	6P - Group Number
		REF02 Reference Identification	<i>(Subscriber Supplemental Identifier)</i>	Identifies the employer group through which the member obtains health coverage.
P.210	DMG Subscriber Demographic Information	DMG01 Date Time Period Format Qualifier	<i>D8</i>	D8 - Date Expressed in Format CCYYMMDD
		DMG02 Date Time Period	<i>(Subscriber Birth Date)</i>	Subscriber's date of birth.
P.212	INS Subscriber Relationship	INS01 Yes/No Condition or Response Code	<i>Y</i>	Y - Yes
		INS02 Individual Relationship Code	<i>18</i>	18 - Self

271 Eligibility, Coverage or Benefit Information—Detail Subscriber Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100C—Subscriber Name (cont'd)</b>				
P.216	DTP Subscriber Date	DTP01 Date Time Qualifier	<b>307</b>	307 - Eligibility
		DTP03 Date Time Period	<b>(Eligibility Date)</b>	Returned with the active coverage and corresponding date; applies to returned coverage and all benefits, unless an exception 2110C DTP is submitted.
<b>Loop ID 2110C—Subscriber Eligibility or Benefit Information</b>				
P.218	EB Subscriber Eligibility or Benefit Information	EB01 Eligibility or Benefit Information	<b>1 - 8</b> <b>I</b>	<ul style="list-style-type: none"> <li>1-8 - Active/Inactive status of subscriber.</li> <li>I - Noncovered; accompanied with EB03 value '30'.</li> </ul>
		EB03 Service Type Code	<b>(Service Category)</b>	Classifies the type of service
		EB05 Plan Coverage Description	<b>(Free-Text Form)</b>	Name of specific product plan name with active EB segment where EB01 equals values '1' to '5'.
<b>DTP segment sent with an EB segment when the benefit coverage dates differ from those that apply to the rest of the plan coverage</b>				
P.240	DTP Subscriber Eligibility/Benefit Date	DTP01 Date/Time Qualifier	<b>348</b>	348 - Eligibility Begin
		DTP02 Date Time Period Format Qualifier	<b>RD8</b>	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03 Date Time Period	<b>(Eligibility or Benefit Date Time Period)</b>	<ul style="list-style-type: none"> <li>If DTP01 '307' Span of dates in which the provider is requesting confirmation about a patient's eligibility.</li> <li>If DTP01 '348' Applies to the benefit in EB segment.</li> </ul>

#### 4 271 Health Care Eligibility, Coverage or Benefit Response - Dependent Level

Loops 2100D and 2110D contain the Dependent Level. The following table identifies the required and situational segments & data elements that are used to process efficiently through UniCare systems.

271 Eligibility, Coverage or Benefit Information—Detail Dependent Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2000D—Dependent Level</b>				
P.265	HL Dependent Level	HL01 Hierarchical ID Number	<i>(Assigned by Sender)</i>	Identifies each specific occurrence of an HL segment within a transaction set.
		HL02 Hierarchical Parent ID Number	<i>(See 271 IG Page 266)</i>	Identifies the specific hierarchical level to which this level is subordinate.
		HL04 Hierarchical Child Code	<i>(See 271 IG Page 267)</i>	Indicates additional hierarchical levels subordinate to the current hierarchical level.
P.268	TRN Subscriber Trace Number	TRN02 Reference Identification	<i>(Trace Number)</i>	Represents provider assigned TRN02 (Loop 2000D) populated on 270 Request.
<b>Loop ID 2100D—Dependent Name</b>				
P.271	NM1 Dependent Name	NM103 Name Last or Organization Name	<i>(Dependent Last Name)</i>	First and Last name of the dependent.
		NM104 Name First	<i>(Dependent First Name)</i>	
		NM108 Identification Code Qualifier	<i>MI</i>	MI - Member Identification Number
		NM109 Identification Code	<i>(Dependent Primary Identifier)</i>	Identification number as it appears on the ID card.
P.274	REF Dependent Additional Identification	REF01 Reference Identification Code Qualifier	<i>6P</i>	6P - Group Number
		REF02 Reference Identification	<i>(Dependent Supplemental Identifier)</i>	Identifies the employer group through which the dependent obtains health coverage.
P.287	DMG Dependent Demographic Information	DMG01 Date Time Period Format Qualifier	<i>D8</i>	D8 - Date Expressed in Format CCYYMMDD
		DMG02 Date Time Period	<i>(Dependent Birth Date)</i>	Dependent's date of birth.

271 Eligibility, Coverage or Benefit Information—Detail Dependent Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100D—Dependent Name (cont'd)</b>				
P.289	INS Dependent Relationship	INS01 Yes/No Condition or Response Code	<i>N</i>	N - No
		INS02 Individual Relationship Code	<i>(Relationship)</i>	Indicates the relationship between the dependent and subscriber.
P.293	DTP Dependent Date	DTP01 Date Time Qualifier	<i>307</i>	307 - Eligibility
		DTP03 Date Time Period	<i>(See 271 IG)</i>	Active coverage and applies to returned coverage and all benefits, unless an exception Loop 2110D DTP is present.
<b>Loop ID 2110D—Dependent Eligibility or Benefit Information</b>				
P.295	EB Dependent Eligibility or Benefit Information	EB01 Eligibility or Benefit Information	<i>1 - 8</i> <i>I</i>	<ul style="list-style-type: none"> <li>1-8 - Active/Inactive status of subscriber.</li> <li>I - Noncovered; accompanied with EB03 value '30'.</li> </ul>
		EB03 Service Type Code	<i>(Service Category)</i>	Classifies the type of service.
		EB05 Plan Coverage Description	<i>(Free-Text Form)</i>	Name of specific product plan name with active EB segment where EB01 equals values '1' to '5'.
<b>DTP segment sent with an EB segment when the benefit coverage dates differ from those that apply to the rest of the plan coverage</b>				
P.316	DTP Dependent Eligibility/Benefit Date	DTP01 Date/Time Qualifier	<i>348</i>	348 - Eligibility Begin
		DTP02 Date Time Period Format Qualifier	<i>RD8</i>	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03 Date Time Period	<i>(Eligibility or Benefit Date Time Period)</i>	<ul style="list-style-type: none"> <li>If DTP01 '307' Span of dates in which the provider is requesting confirmation about a patient's eligibility.</li> <li>If DTP01 '348' Applies to the benefit in EB segment.</li> </ul>