

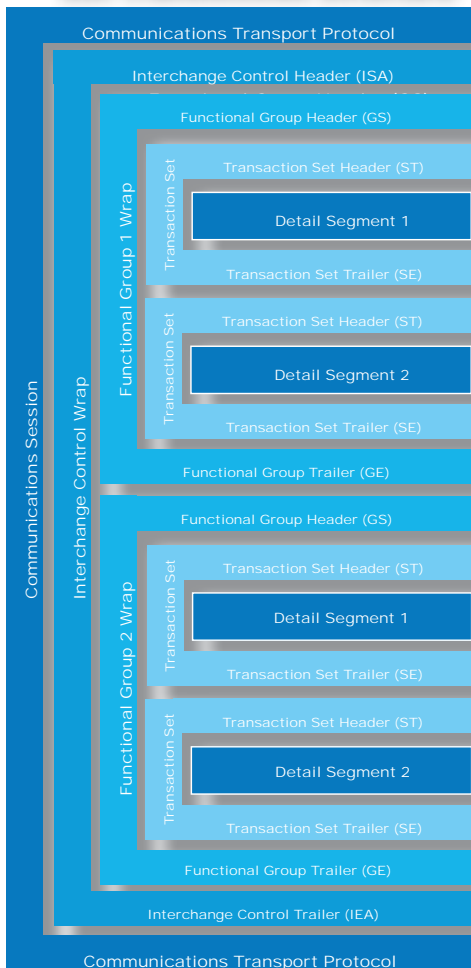
270/271 Health Care Eligibility, Coverage, or Benefit Inquiry and Response — Real-Time

Basic Instructions

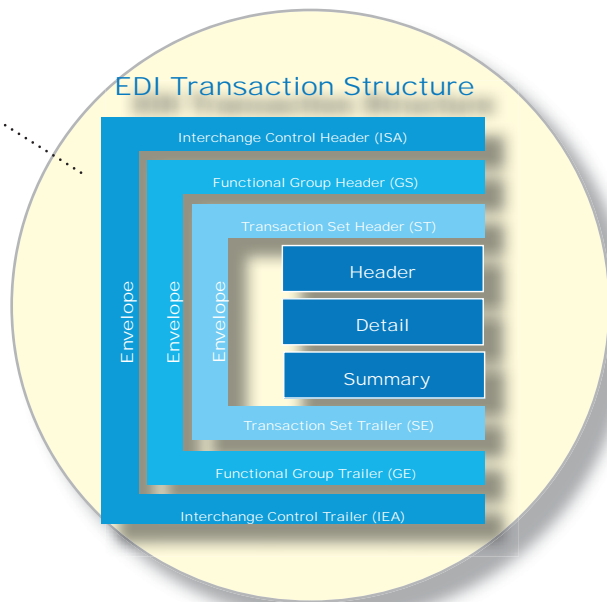
This section provides information to prepare for the ANSI ASC X12.281 Eligibility, Coverage, or Benefit Inquiry (270) and the ANSI ASC X12.282 Eligibility, Coverage, or Benefit Response (271) transactions. The remaining sections of this appendix include tables that provide information about 270 and 271 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. If not specifically identified in this guide, refer to the Implementations Guide for directions on other requirements.

EDI Transmission Structure



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 & II 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 a UniCare 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 Communication Protocol Specifications

HTTPS Connectivity. HTTPS connectivity is available through the internet.

HTTPS Setup Steps. Contact EDI Solutions to begin the process of getting setup for HTTPS.

- 1) EDI Solutions will collect information about your organization. Additionally, you must execute a Trading Partner Agreement if your organization hasn't completed one in the past.
- 2) You will be assigned a User ID and Password (if submitting in real-time).
- 3) EDI Solutions will assist you in retrieving a Digital Certificate, if required.
- 4) You will perform the necessary testing and then be promoted to production.

Web Address. Below is the HTTPS URL address where an imbedded 270 message may be sent using the HTTPS protocol for a 271 response.

HTTPS URL: <https://www.edirealtime.com/edirealtimeph2/edirealtime>
(single inquiry only)

HTTPS Message Format. The input parameters as described in the tables below for real-time needs to be provided as input while submitting the 270 request data to the HTTPS connectivity application in order to receive a 271 response message.

SOAP Message Format. SOAP uses the same field descriptions as HTTPS, but in SOAP format. You must request WSDL files for SOAP processing.

SOAP URL: <https://www.hipaaiaswebservice.com/wsedirealtime/wsedirealtime>

HTTPS and SOAP Metadata - Real-Time			
Field Name	Description	Format	Example
PayloadType	Payload Type specifies the type of payload included within a request,	Text, one of these values: X12_270_004010X092A1 X12_276_004010X093A1	
ProcessingMode	Processing Mode indicates Batch or Real-time processing mode.	Value will be: RealTime	RealTime
PayloadID	This is an Identifier that you will use to identify the request submitted.	AlphaNumeric, may contain hyphen.	
EncType	Form Data Type	multipart/form-data	
TimeStamp	Time and Date specifying when a message is created and sent to a receiver	Universal Time (UTC) time http://www.w3.org/TR/xmlschema11-2/#dateTime	2010-02-22T15:15:52Z
UserName	This is the user name to log into the account. A Password will be associated with the User which allows a request to complete. Your User ID will be assigned.	6 to 12 characters, not case sensitive	
Password	This is the password that pairs with the <i>User</i> field to allow access to the Eligibility request system. Your password will be assigned.	6 to 12 characters, case sensitive	
SenderID	This is the Sender ID from the X12 file being submitted. From ISA06.	AlphaNumeric	
ReceiverID	This is the Receiver ID from the X12 file being submitted. From ISA08.	AlphaNumeric	UNI
CORERuleVersion	The CORE Rule version that this envelope is using. This value can be used to maintain backward compatibility when parsing/processing messages.	2.0.1	2.0.1
Payload	This contains the file with the X12 270 request data	HIPAA X12 270 Compliant	INPUT TYPE="FILE"

HTTPS Error Messages

The following are the different message responses and error notifications that may be received when submitting 270 requests.

- **HTTP 200 Ok.** When authorization is passed and interface is successful with eligibility systems, HTTP 200 Ok status code and the 271 response X12 data content will be returned by the application.
- **Authorization Errors.** If the username and/or password included in the request are not valid, HTTP 403 Forbidden error response with no data will be returned by the application.
- **Server Errors.** When the CAQH connectivity application is not able to process a real-time request due to interface failures or Eligibility system unavailability etc., standard 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service will be returned by the application. In this scenario, the 270 request submitter will need to resubmit the request since the application process for 271 message reply failed.

4 Receiver ID

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 Receiver ID	
Real-Time	
	ISA08 & GS03
UniCare	UNI

5 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
UniCare							

6 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. hat submitted 270 transaction does not pass our Level 2 HIPAA validation.

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~
    
```

7 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.

8 271 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 are returned for membership.

271 Benefit Service Types (EB03 and MSG01 Values)			
1	Medical Care	52	Hospital - Emergency Medical
33	Chiropractic	86	Emergency Services
35	Dental Care	88	Pharmacy
48	Hospital - Inpatient	98	Office Visit
50	Hospital - Outpatient	A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient	AL	Vision (Optometry)
MSG01 = "Urgent"			
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.

9 271 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	65	Newborn Care
2	Surgical	33	Chiropractic	68	Well Baby Care
3	Consultation	34	Chiropractic Office Visits	69	Maternity
4	Diagnostic X-Ray	35	Dental Care	73	Diagnostic Medical
5	Diagnostic Lab	36	Dental Crowns	76	Dialysis
6	Radiation Therapy	37	Dental Accident	78	Chemotherapy
7	Anesthesia	38	Orthodontics	80	Immunizations
8	Surgical Assistance	39	Prosthodontics	81	Routine Physical
9	Other Medical	40	Oral Surgery	82	Family Planning
10	Blood Charges	41	Routine (Preventive) Dental	83	Infertility
11	Used Durable Medical Equipment	42	Home Health Care	84	Abortion
12	Durable Medical Equipment Purchase	43	Home Health Prescriptions	86	Emergency Services
13	Ambulatory Service Center Facility	44	Home Health Visits	88	Pharmacy
14	Renal Supplies in the Home	45	Hospice	93	Podiatry
15	Alternate Method Dialysis	46	Respite Care	98	Professional (Physician) Visit - Office
16	Chronic Renal Disease (CRD) Equipment	47	Hospital	99	Professional (Physician) Visit - Inpatient
17	Pre-Admission Testing	48	Hospital - Inpatient	A0	Professional (Physician) Visit - Outpatient
18	Durable Medical Equipment Rental	49	Hospital - Room and Board	A3	Professional (Physician) Visit - Home
19	Pneumonia Vaccine	50	Hospital - Outpatient	A6	Psychotherapy
20	Second Surgical Opinion	51	Hospital - Emergency Accident	A7	Psychiatric - Inpatient
21	Third Surgical Opinion	52	Hospital - Emergency Medical	A8	Psychiatric - Outpatient
22	Social Work	53	Hospital - Ambulatory Surgical	AD	Occupational Therapy
23	Diagnostic Dental	54	Long Term Care	AE	Physical Medicine
24	Periodontics	55	Major Medical	AF	Speech Therapy
25	Restorative	56	Medically Related Transportation	AG	Skilled Nursing Care
26	Endodontics	57	Air Transportation	AI	Substance Abuse
27	Maxillofacial Prosthetics	60	General Benefits	AL	Vision (Optometry)
28	Adjunctive Dental Services	61	In-vitro Fertilization	BG	Cardiac Rehabilitation
30	Health Benefit Plan Coverage	62	MRI/CAT Scan	BH	Pediatric

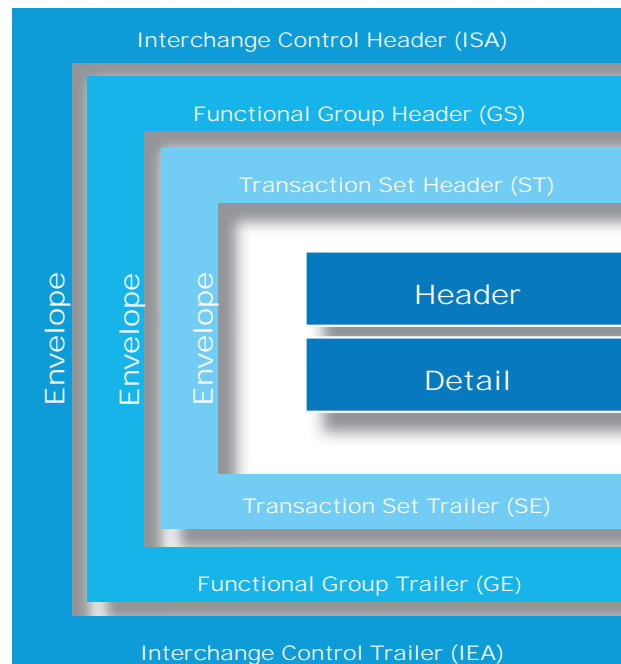
Enveloping

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
<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>			
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"> ▪ EDI assigned Submitter ID at the time of enrollment. ▪ Format - Fixed length of 15 positions, alphanumeric. ▪ Left-justified followed by spaces. ▪ Identical to GS02.
	ISA07 Interchange ID Qualifier	ZZ	ZZ - Mutually Defined
	ISA08 Interchange Receiver ID	(See Basic Instructions, P.6)	<ul style="list-style-type: none"> ▪ Receiver ID of the state receiving the 270 inquiry. ▪ Left-justified followed by spaces.
	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"> ▪ Format - Fixed length 9 positions, numeric. ▪ Unique value greater than zero and not used in any HIPAA transmission within last 30 calendar period. ▪ Right-justified, filled with leading zeroes. ▪ Identical to IEA02.
	ISA14 Acknowledgment Requested	0	0 - No Acknowledgment Requested <ul style="list-style-type: none"> ▪ Regardless of value, TA1 will always be returned based on errors in the submitted 270.
	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
GS Functional Group Header	GS01 Functional Identifier Code	<i>HS</i>	HS - Eligibility, Coverage or Benefit Inquiry (270)
	GS02 Application Sender's Code	<i>(Submitter ID)</i>	<ul style="list-style-type: none"> ▪ EDI assigned Submitter ID at the time of enrollment. ▪ Format - 2-15 positions, alphanumeric. ▪ Left-justified with no trailing zeroes or spaces. ▪ Identical to ISA06.
	GS03 Application Receiver's Code	<i>(See Basic Instructions, P.6)</i>	Represents Routing Code (Receiver ID) of the state receiving the 270 inquiry.
	GS04 Date	<i>(CCYYMMDD)</i>	Value must be a valid date in CCYYMMDD format.
	GS05 Time	<i>(HHMM)</i>	Value must be a valid time in HHMM format.
	GS06 Group Control Number	<i>(Assigned by Sender)</i>	<ul style="list-style-type: none"> ▪ Format - 1-9 positions, numeric. ▪ Unique value greater than zero and not used in any HIPAA transmission within last 30 calendar period. ▪ Left-justified with no trailing zeroes or spaces. ▪ Identical to GE02.
	GS07 Responsible Agency Code	<i>X</i>	X - Accredited Standards Committee X12
	GS08 Version / Release / Industry Identifier Code	<i>004010X092A1</i>	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
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"> Format - 1-6 positions, numeric. Left-justified with no trailing zeroes or spaces.
	GE02 Group Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> Format - 1-9 positions, numeric. Left-justified with no trailing zeroes or spaces. Identical to GS06.

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
IEA Interchange Control Trailer	IEA01 Number of Included Functional Groups	<i>(Number of Functional Groups GS/GE Pairs in Interchange)</i>	<ul style="list-style-type: none"> Format - 1-5 positions, numeric. Left-justified with no trailing zeroes or spaces.
	IEA02 Interchange Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> Format - Fixed length 9 positions, numeric. Unique value greater than zero. Identical to ISA13.

270 Health Care Eligibility, Coverage or Benefit Inquiry - Header

The 270 Eligibility, Coverage of 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 BCBSGa
P.36	ST Transaction Set Header	ST01 Transaction Set Identification Code	270	270 - Eligibility, Coverage or Benefit Inquiry
		ST02 Transaction Set Control Number	<i>(Identical to SE02)</i>	Unique value.
P.38	BHT Beginning of Hierarchical Transaction	BHT01 Hierarchical Structure Code	0022	0022 - Information Source, Information Receiver, Subscriber, Dependent
		BHT02 Transaction Set Purpose Code	13	13 - Request
		BHT03 Reference Identification	<i>(Submitter Transaction Identifier)</i>	Value will be returned on corresponding 271.
		BHT04 Date	<i>(Transaction Set Creation Date)</i>	Date when 270 transaction created.
		BHT05 Time	<i>(Transaction Set Creation Time)</i>	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
Loop ID 2000A—Information Source Level				
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.
Loop ID 2100A—Information Source Name				
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
Loop ID 2100B—Information Receiver Name				
P.50	NM1 Information Receiver Name	NM101 Entity Identifier Code	<i>1P</i> <i>80</i> <i>FA</i> <i>GP</i>	1P - Provider 80 - Hospital FA - Facility GP - Gateway Provider
		NM108 Identification Code Qualifier	<i>FI</i> <i>XX</i>	FI - Federal Taxpayer's Identification Number XX - HCFA National Provider Identifier • FI may only be used by a Registered Exempt Provider.
		NM109 Identification Code	<i>(Information Receiver ID No.)</i>	• Federal Taxpayer's Identification Number ('FI') - 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
Loop ID 2000C—Subscriber Level				
P.69	TRN Subscriber Trace Number	TRN02 Reference Identification	<i>(Trace Number)</i>	Assigned by provider and necessary for matching of the 271 Response.
Loop ID 2100C—Subscriber Name				
P.71	NM1 Subscriber Name	NM103 Name Last or Organization Name	<i>(Subscriber Last Name)</i>	First and Last name of the subscriber exactly as they appear on the ID card. Populated for finding match for subscriber.
		NM104 Name First	<i>(Subscriber First Name)</i>	On the responding 271, a AAA03 = 65 error will occur when either the name is not submitted but required, or when the submitted name is not matching to membership
		NM108 ID Code Qualifier	<i>MI</i>	MI - Member Identification Number
		NM109 Identification Code	<i>(Subscriber Primary ID)</i>	Identification number as it appears on the payers database.

270 Eligibility, Coverage or Benefit Inquiry—Detail Subscriber Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2100C—Subscriber Name (Con't)				
P. 74	REF Subscriber Reference Identification	REF01 Reference Identification	6P	6P – Group Number Not required.
		REF02 Subscriber Supplemental Identifier	(Subscriber Group Number)	Group Number from Member's ID card Not required. When a responding 271 contains an AAA03 = 78, you can resubmit with the group number.
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. On the responding 271, an AAA03 = 58 means the subscriber date of birth is required. An AAA03 = 71 means the subscriber date of birth is not matching membership.
P.87	DTP Subscriber Date	DTP01 Date/Time Qualifier	307	307 - Eligibility
		DTP02 Date Time Period Format Qualifier	D8 or RD8	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD CCYYMMDD Future dates MUST not be used.
		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.
Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry Information				
P.89	EQ Subscriber Elig or Benefit Inquiry Info	EQ01 Service Type Code	(See Basic Instructions)	Specific value listed in the Basic Instructions of this document. The Use 30 for Health Benefit Coverage may be used but is not desirable.
P.106	DTP Subscriber Eligibility/ Benefit Date	DTP01 Date/Time Qualifier	307	307 - Eligibility
		DTP02 Date Time Period Format Qualifier	D8 or RD8	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD CCYYMMDD Future dates MUST not be used.
		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.

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
Loop ID 2000D—Dependent Level				
P.112	TRN Subscriber Trace Number	TRN02 Reference Identification	<i>(Trace Number)</i>	Assigned by provider and necessary for matching of the 271 Response.
Loop ID 2100D—Dependent Name				
P.114	NM1 Dependent Name	NM103 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.
		NM104 Name First	<i>(Dependent First Name)</i>	On the responding 271, a AAA03 = 65 error will occur when either the name is not submitted but required, or when the submitted name is not matching to membership.
P.116	REF Dependent Reference Identification	REF01 Reference Identification Qualifier	6P	6P – Group Number Not required.
		REF02 Dependent Supplemental Identifier	<i>(Subscriber Group Number)</i>	Group Number from Member's ID card Not required. When a responding 271 contains an AAA03 = 78, you can resubmit with the group number.
P.124	DMG Dependent Demographic Information	DMG01 Date Time Period Format Qualifier	D8	D8 - Date Expressed in Format CCYYMMDD
		DMG02 Date Time Period	<i>(Dependent Birth Date)</i>	Dependent's date of birth. Populated for positive identification of the dependent as the patient. On the responding 271, an AAA03 = 58 means the dependent date of birth is required. An AAA03 = 71 means the dependent date of birth is not matching
		DMG03 Gender Code	F M	F - female M - male Value of 'U' (unknown) is not valid
P.129	DTP Dependent Date	DTP01 Date/Time Qualifier	307	307 - Eligibility
		DTP02 Date Time Period Format Qualifier	D8 or RD8	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Future dates MUST not be used.
		DTP03 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.

270 Eligibility, Coverage or Benefit Inquiry—Detail Dependent Level				
IG	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2110D—Dependent Eligibility or Benefit Inquiry Information				
P.131	EQ Dependent Eligibility or Benefit Inquiry Information	EQ01 Service Type Code	<i>(See Basic Instructions)</i>	Specific value listed in the Basic Instructions of this document. The Use 30 for Health Benefit Coverage may be used but is not desirable.
P.145	DTP Dependent Eligibility/ Benefit Date	DTP01 Date/Time Qualifier	307	307 - Eligibility
		DTP02 Date Time Period Format Qualifier	D8 or RD8	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Future dates MUST not be used.
		DTP03 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.

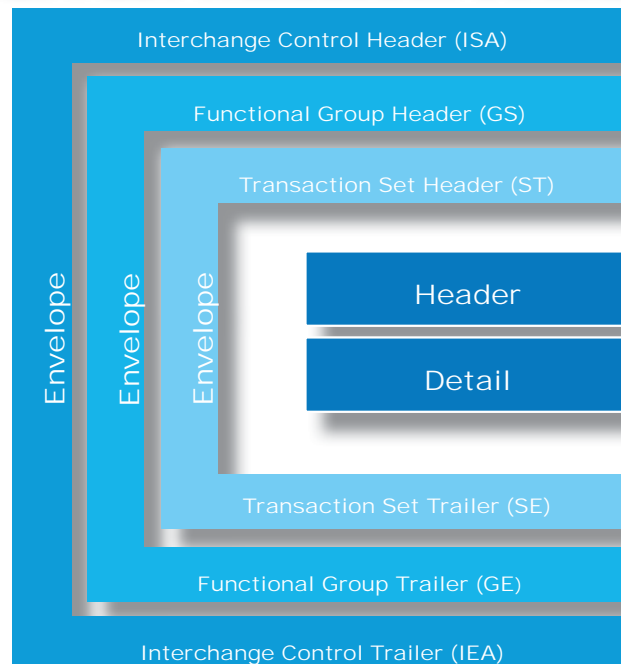
Enveloping

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	<i>00</i>	00 - No Authorization Information Present
	ISA02 Authorization Information	<i>(10 Spaces)</i>	10 position value populated on 270 inquiry.
	ISA03 Security Info Qualifier	<i>00</i>	00 - No Security Information Present
	ISA04 Security Information	<i>(10 Spaces)</i>	10 position value populated on 270 inquiry.
	ISA05 Interchange ID Qualifier	<i>ZZ</i>	ZZ - Mutually Defined
	ISA06 Interchange Sender ID	<i>(See Basic Instructions, P.6)</i>	Receiver ID populated in ISA08 on 270 inquiry.
	ISA07 Interchange ID Qualifier	<i>ZZ</i>	ZZ - Mutually Defined
	ISA08 Interchange Receiver ID	<i>(Receiver ID)</i>	Submitter ID populated in ISA06 on 270 inquiry.
	ISA09 Interchange Date	<i>(YYMMDD)</i>	Valid date in YYMMDD format.
	ISA10 Interchange Time	<i>(HHMM)</i>	Valid time in HHMM format.
	ISA11 Interchange Control Standards Identifier	<i>U</i>	U - U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12 Interchange Control Version Number	<i>00401</i>	00401 - Draft Standards for Trial Used Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13 Interchange Control Number	<i>(Assigned by Sender)</i>	<ul style="list-style-type: none"> ▪ Format - 9 position numeric. ▪ Unique value greater than zero, not used in previous HIPAA transaction within 30 calendar day period. ▪ Right-justified, filled with leading zeroes. ▪ Identical to value in IEA02.
	ISA14 Acknowledgment Requested	<i>0</i>	0 - No Acknowledgment Requested ▪ Regardless of value, TA1 will always be returned based on errors in the submitted 270.
	ISA15 Usage Indicator	<i>P, T</i>	Submitter ID must be approved to submit production data. P - Production Data; T - Test Data
	ISA16 Component Element Separator	<i>(X)</i>	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
GS Functional Group Header	GS01 Functional Identifier Code	<i>HB</i>	HB - Eligibility, Coverage or Benefit Information (271)
	GS02 Application Sender's Code	<i>(See Basic Instructions, P.6)</i>	Represents Routing Code (Sender ID).
	GS03 Application Receiver's Code	<i>*(Receiver ID)</i>	*Submitter ID populated on 270 inquiry.
	GS04 Date	<i>(CCYYMMDD)</i>	Valid date in CCYYMMDD format.
	GS05 Time	<i>(HHMM)</i>	Valid time in HHMM format.
	GS06 Group Control Number	<i>(Assigned by Sender)</i>	<ul style="list-style-type: none"> ▪ Format - 1-9 position numeric. ▪ Unique value greater than zero, not used in previous HIPAA transaction within 30 calendar day period. ▪ Right-justified, filled with leading zeroes. ▪ Identical to value in GE02.
	GS07 Responsible Agency Code	<i>X</i>	X - Accredited Standards Committee X12
	GS08 Version / Release / Industry Identifier Code	<i>004010X092A1</i>	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"> Format - 1-6 positions, numeric. Left-justified with no trailing zeroes or spaces.
	GE02 Group Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> Format - 1-9 positions, numeric. Left-justified with no trailing zeroes or spaces. Identical to GS06.

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 GS/GE Pairs in Interchange)</i>	<ul style="list-style-type: none"> Format - 1-5 positions, numeric. Left-justified with no trailing zeroes.
	IEA02 Interchange Control Number	<i>(Control Number)</i>	<ul style="list-style-type: none"> Format - Fixed length 9 positions, numeric. Unique value greater than zero. Identical to ISA13.

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	ST Transaction Set Header	ST01 Transaction Set Identification Code	271	271 - Eligibility, Coverage or Benefit Information
		ST02 Transaction Set Control Number	<i>(Identical to SE02)</i>	Unique value.
P.156	BHT Beginning of Hierarchical Transaction	BHT01 Hierarchical Structure Code	0022	0022 - Information Source, Information Receiver, Subscriber, Dependent
		BHT02 Transaction Set Purpose Code	11	11 - Response
		BHT03 Reference Identification	<i>(Submitter Transaction Identifier)</i>	Identifier received on corresponding 270.
		BHT04 Date	<i>(Transaction Set Creation Date)</i>	Date when 271 transaction created.
		BHT05 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
Loop ID 2000A—Information Source Level				
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.
Loop ID 2100A—Information Source Name				
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
Loop ID 2100B—Information Receiver Name				
P.178	NM1 Information Receiver Name	NM101 Entity Identifier Code	<i>1P</i> <i>80</i> <i>FA</i> <i>GP</i>	1P - Provider 80 - Hospital FA - Facility GP - Gateway Provider
		NM103 Name Last or Organization Name	<i>(Information Receiver Last or Organization Name)</i>	Name of organization, information receiver.
		NM108 Identification Code Qualifier	<i>FI</i> <i>XX</i>	FI - Federal Taxpayer's Identification Number XX - HCFA National Provider Identifier
		NM109 Identification Code	<i>(Information Receiver Identification No.)</i>	<ul style="list-style-type: none"> Federal Taxpayer's Identification Number ('FI') - 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
Loop ID 2000C—Subscriber Level				
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.
Loop ID 2100C—Subscriber Name				
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.
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
Loop ID 2100C—Subscriber Name (cont'd)				
P.216	DTP Subscriber Date	DTP01 Date Time Qualifier	307	307 - Eligibility
		DTP03 Date Time Period	(Eligibility Date)	Returned with the active coverage and corresponding date; applies to returned coverage and all benefits, unless an exception 2110C DTP is submitted.
Loop ID 2110C—Subscriber Eligibility or Benefit Information				
P.218	EB Subscriber Eligibility or Benefit Information	EB01 Eligibility or Benefit Information	1 - 8 I	<ul style="list-style-type: none"> 1-8 - Active/Inactive status of subscriber. I - Noncovered; accompanied with EB03 value '30'.
		EB03 Service Type Code	(Service Category)	Classifies the type of service
		EB05 Plan Coverage Description	(Free-Text Form)	Name of specific product plan name with active EB segment where EB01 equals values '1' to '5'.
DTP segment sent with an EB segment when the benefit coverage dates differ from those that apply to the rest of the plan coverage				
P.240	DTP Subscriber Eligibility/Benefit Date	DTP01 Date/Time Qualifier	348	348 - Eligibility Begin
		DTP02 Date Time Period Format Qualifier	RD8	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03 Date Time Period	(Eligibility or Benefit Date Time Period)	<ul style="list-style-type: none"> If DTP01 '307' Span of dates in which the provider is requesting confirmation about a patient's eligibility. If DTP01 '348' Applies to the benefit in EB segment.

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
Loop ID 2000D—Dependent Level				
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	<i>(See 271 IG Page 267)</i>	Indicates additional hierarchical levels subordinate to the current hierarchical
P.268	TRN Subscriber Trace Number	TRN02 Reference Identification	<i>(Trace Number)</i>	Represents provider assigned TRN02 (Loop 2000D) populated on 270 Request.
Loop ID 2100D—Dependent Name				
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>	
P.274	REF Dependent Additional Identification	REF01 Reference Identification Code	<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
Loop ID 2100D—Dependent Name (cont'd)				
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.
Loop ID 2110D—Dependent Eligibility or Benefit Information				
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"> 1-8 - Active/Inactive status of subscriber. I - Noncovered; accompanied with EB03 value '30'.
		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'.
DTP segment sent with an EB segment when the benefit coverage dates differ from those that apply to the rest of the plan coverage				
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"> If DTP01 '307' Span of dates in which the provider is requesting confirmation about a patient's eligibility. If DTP01 '348' Applies to the benefit in EB segment.