



HIPAA TRANSACTION STANDARD

270 ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY COMPANION GUIDE

**FEBRUARY 10, 2003
VERSION 004010X092A1**

270

Eligibility, Coverage or Benefit Inquiry

Below is a summary of the fields that have additional companion guide information in this document.

Functional Group=HS

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID - 2000C					>1	
LOOP ID - 2100C					1	
030	NM1	Subscriber Name	M	1		
040	REF	Subscriber Additional Identification	O	9		
100	DMG	Subscriber Demographic Information	O	1		
120	DTP	Subscriber Date	O	2		
LOOP ID - 2110C					99	
130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		
135	AMT	Subscriber Spend Down Amount	O	1		
LOOP ID - 2000D					>1	
LOOP ID - 2100D					1	
040	REF	Dependent Additional Identification	O	9		
100	DMG	Dependent Demographic Information	O	1		
120	DTP	Dependent Date	O	2		
LOOP ID - 2110D					99	
130	EQ	Dependent Eligibility or Benefit Inquiry Information	O	1		

BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set <i>NIA Specific Note: NIA does not anticipate utilizing code "36" Authority to Deduct.</i>	M	ID	2/2	Required
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction <i>NIA Specific Note: NIA does not anticipate utilizing "RT" Spend Down or "RU" Medical Services Reservation.</i>	O	ID	2/2	Situational

NM1

Subscriber Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NIA Specific Note: Value "MI" Member Identification Number will allow NIA to identify the subscriber.	C	ID	1/2	Situational

REF

Subscriber Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 2

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NIA Specific Note: <i>If subscriber is a Medicaid recipient, submission of 'NQ' Medicaid Recipient Identification Number will allow NIA to identify the subscriber. "SY" Social Security Number will also provide additional information to identify the subscriber.</i>	M	ID	2/3	Required

DMG Subscriber Demographic Information

Pos: 100	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times NIA Specific Note: <i>Date of Birth will be necessary to identify the subscriber.</i>	C	AN	1/35	Situational

DTP

Subscriber Date

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100C	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time NIA Specific Note: <i>NIA will be able to utilize "307" Eligibility, "435"Admission, and "472" Service</i>	M	ID	3/3	Required

EQ

Subscriber Eligibility or Benefit Inquiry Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
EQ01	1365	<p>Service Type Code</p> <p>Description: Code identifying the classification of service</p> <p>NIA Specific Note: <i>In most cases, NIA will only be able to respond to a Service Type Code "30" Health Benefit Plan Coverage.</i></p>	C	ID	1/2	Situational

AMT Subscriber Spend Down Amount

Pos: 135	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 3

NIA Specific Note: NIA does not anticipate utilizing spend down via the 270.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
AMT02	782	Monetary Amount Description: Monetary amount	M	R	1/18	Required
AMT03	478	Credit/Debit Flag Code Description: Code indicating whether amount is a credit or debit	O	ID	1/1	Situational

REF

Dependent Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100D	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NIA Specific Note: "SY" Social Security Number will provide additional information to correctly identify the dependent.	M	ID	2/3	Required

DMG Dependent Demographic Information

Pos: 100	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times NIA Specific Note: <i>Date of Birth will be necessary to identify the dependent</i>	C	AN	1/35	Situational

DTP Dependent Date

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100D	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time NIA Specific Note: <i>NIA will be able to utilize "307" Eligibility, "435" Admission, and "472" Service.</i>	M	ID	3/3	Required

EQ

Dependent Eligibility or Benefit Inquiry Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110D	Elements: 1

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
EQ01	1365	<p>Service Type Code</p> <p>Description: Code identifying the classification of service</p> <p>NIA Specific Note: <i>In most cases, NIA will only be able to respond to a Service Type Code "30" Health Benefit Plan Coverage.</i></p>	C	ID	1/2	Situational



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**271 HEALTH CARE ELIGIBILITY
BENEFIT RESPONSE
COMPANION GUIDE**

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There is no NIA specific information for the 271 HIPAA Implementation Guide.