



## **Standard Companion Guide Transaction Information**

**Instructions related to Transactions based on ASC  
X12 Implementation Guides, version 005010**

***Final***

# **270-271 Companion Guide Version Number: 2.0**

## **June 30<sup>th</sup>, 2011**

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## Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Transaction Instruction (TI)

## 1 TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
[005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)]

### 3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

<b>Legend</b>
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

### 3.1 270 005010X279A1 Health Care Benefit Eligibility Inquiry

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	Interchange Control Header		1	R	Loop Repeat	Values	Requirement Description
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Use Value '00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Use Value '00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Use the SC Medicaid Assigned Submitter
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			Use Value 'SCMEDICAID' –
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode Caret ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0,1	<p>If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested</p> <p>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1). Use '0' for No Interchange Acknowledgement Requested</p>
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	AN	1-1	R			Default to :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R	>1		
HDR	GS02	Application Sender's Code	AN	2-15	R			Use the SC Medicaid Assigned Submitter ID
HDR	GS03	Application Receiver's Code	AN	2-15	R			Use Value 'SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		1	R			
HDR	BHT02	Transaction Set Purpose Code	ID	2-2	R		01,13	Only code value '13' allowed in SC Medicaid.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100A</b>	<b>NM1</b>	<b>INFORMATION SOURCE NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100A	NM101	Entity Identifier Code	ID	2-3	R		2B, 36, GP, P5, PR	Use Value =PR' - Payer
2100A	NM102	Entity Type Qualifier	ID	1-1	R		1,2	Use Value =2'
2100A	NM108	Identification Code Qualifier	ID	1-2	R		24, 46, FI, NI, PI, XV, XX	Use Value =PI'
2100A	NM109	Information Source Primary Identifier	AN	2-80	R			Use Value =SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100B</b>	<b>NM1</b>	<b>INFORMATION RECEIVER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100B	NM101	Entity Identifier Code	ID	2-3	R		1P, 2B, 36, 80, FA, GP, P5, PR	Use Value =1P' - Provider
2100B	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Value =2' – Non-Person Entity
2100B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, FI, PI, PP, SV, XV, XX	Use value =XX' for the National Provider Identifier (NPI) provider (Typical must use XX and NPI in NM109), else use value =SV' Service Provider (Use for Atypical providers only)

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100C</b>	<b>NM1</b>	<b>SUBSCRIBER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100C	NM108	Identification Code Qualifier	ID	1-2	S		IL, MI	Use MI (Member Identification #). IL will be needed if there is a national ID created for use in 5010.
2100C	NM109	Subscriber Primary Identifier	AN	2-80	S			Enter the 10 Digit SC Member Identification Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100C</b>	<b>REF</b>	<b>SUBSCRIBER ADDITIONAL IDENTIFICATION</b>		<b>9</b>	<b>S</b>			
2100C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 3H, 6P, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ, SY, Y4	Use value 'SY' -
2100C	REF02	Subscriber Supplemental Identifier	AN	1-50	R			Social Security Number. When this search is used Date of Birth, DMG segment must also be used.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	DTP	SUBSCRIBER DATE		2	S			
2100C	DTP01	Date Time Qualifier	ID	3-3	R		102, 291	Use value 291 = Plan
2100C	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	Use value 'D8'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	EQ	<b>SUBSCRIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION</b>		1	S	99		
2110C	EQ01	Service Type Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11,12,13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, A0, A1, A2, A3, A4, A5, A6, A7, A8, A9, AA, AB, AC, AD, AE, AF, AG, AH, AI , AJ, AK, AL, AM, AN ,AO, AQ, AR, B1, B2, B3, BA,BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, C1, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN,	SC Medicaid only supports Generic Requests. Use value=30' – Health Benefit Plan Coverage.
June 30 <sup>th</sup> , 2011 • 005010							CO, CP, CQ, DG, DM, DS, GF, GN, GY, IC, MH,	14



### **3.2 271 005010X279A1 Health Care Benefit Eligibility Response**

#### **005010X279A1 Health Care Benefit Eligibility Response**

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	Interchange Control Header		1	R		Values	Requirement Description
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Use Value '00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Value '00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value 'ZZ' – Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Value 'SCMEDICAID'
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value 'ZZ' – Mutually
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			The SC Medicaid Assigned Submitter Value will be Returned
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode Caret ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0,1	<p>If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested</p> <p>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1).</p> <p>Use '0' for No Interchange Acknowledgement Requested</p>
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	AN	1-1	R			Default to :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R			
HDR	GS02	Application Sender's Code	AN	2-15	R			Value 'SCMEDICAID' will be returned.
HDR	GS03	Application Receiver's Code	AN	2-15	R			The SC MEDICAID Submitter Code will be Returned

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		1	R			
HDR	BHT02	Transaction Set Purpose Code	ID	2-2	R		06, 11	Use Value '11' - Response

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000A	AAA	<b>REQUEST VALIDATION</b>		9	S			
2000A	AAA04	Follow-up Action Code	ID	1-1	R		C, N, P, R, S, Y	"C" is used.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100A</b>	<b>NM1</b>	<b>INFORMATION SOURCE NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100A	NM101	Entity Identifier Code	ID	2-3	R		2B, 36, GP, P5, PR	Value will be 'PR' – Payer
2100A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Value will be '2' – Non-Person Entity
2100A	NM103	Information Source Name Last or Organization Name	AN	1-60	R			Value will be 'SCMEDICAID'. Same as in NM109. Increase max length from 35 to 60.
2100A	NM108	Identification Code Qualifier	ID	1-2	R		24, 46, FI, NI, PI, XV, XX	Value "PI" only
2100A	NM109	Information Source Primary Identifier	AN	2-80	R			Value will be 'SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100B</b>	<b>NM1</b>	<b>INFORMATION RECEIVER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100B	NM101	Entity Identifier Code	ID	2-3	R		1P, 2B, 36, 80, FA, GP, P5, PR	Value will be '1P' - Provider
2100B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, FI, PI, PP, SV, XV, XX	Will return value 'XX' for the National Provider Identifier (NPI) if submitted on the 270 or value 'SV' – Service Provider if submitted on the 270

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100C</b>	<b>AAA</b>	<b>SUBSCRIBER REQUEST VALIDATION</b>		<b>9</b>	<b>S</b>			

2100C	AAA03	Project Reason Code	ID	2-2	R		15, 35, 42, 43, 45, 47, 48, 49, 51, 52, 56, 57, 58, 60, 61, 62, 63, 71, 72, 73, 74, 75, 76, 77, 78	56 - Inappropriate Date 57 - Invalid/Missing Date of Service 62 - Date of Service Not in Allowable Inquiry Period 63 - Data of Service in Future 75 - Subscriber/Insured not Found 76 - Duplicate Subscriber SSNs or Names found
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Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000C	TRN	SUBSCRIBER TRACE NUMBER		3	S			
2000C	TRN01	Trace Type Code	ID	1-2	R		1, 2	Value will be '2' – Referenced Transaction Trace Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	DTP	SUBSCRIBER DATE		9	R	2100C		
2100C	DTP01	Date Time Qualifier	ID	3-3	R		096, 102, 152, 291, 307, 318, 340, 341, 342, 343, 346, 347, 356, 357, 382, 435, 442, 458, 472, 539, 540, 636, 771	SC Medicaid will return value '472' – Service Date

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	EB	<b>SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION</b>		1	S	>1		
2110C	EB01	Eligibility or Benefit Information	ID	1-2	R		1, 2, 3, 4, 5, 6, 7, 8, A, B, C, CB, D, E, F, G, H, I, J, K, L, M, MC, N, O, P, Q, R, S, T, U, V, W, X, Y	returns values '1', '6', 'D', 'J', 'L' and R depending on context
2110C	EB04	Insurance Type Code	ID	1-3	S		12, 13, 14, 15, 16, 41, 42, 43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, LC, LD, LI, LT, MA, MB, MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	returns value 'HM', 'QM' or 'OT' depending on context
2110C	EB05	Plan Coverage Description	AN	1-50	S			returns descriptions for PCAT, QMB, QCAT, RSP, Medicare and Policy Type based on the context  PCAT: payment category name  RSP(Recipient Special Program) will use 4 character code, ie MCCM and further description in MSG segment  QCAT: qualifying category name  QMB value when EB04 is QM
2110C	EB09	Quantity Qualifier	ID	2-2	S		8H, 99, CA, CE, DB, DY, HS, LA, LE, M2, MN, P6, QA, S7, S8, VS, YY	returns 'VS' or 'P6' for Visits Counts depending on the context.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	REF	<b>SUBSCRIBER ADDITIONAL IDENTIFICATION</b>		9	S			
2110C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 49, 6P, 9F, ALS, CLI, F6, FO, G1, IG, M7, N6, NQ	returns the values 'F6' - Medicare 'IG' - Insurance Policy Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	DTP	<b>SUBSCRIBER ELIGIBILITY/ BENEFIT DATE</b>		20	S			
2110C	DTP01	Date Time Qualifier	ID	3-3	R		096, 193, 194, 198, 290, 291, 292, 295, 304, 307, 318, 346, 348, 349, 356, 357, 435, 472, 636, 771	Returns '356' for an eligibility begin date Returns '357' for an eligibility end date
2110C	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	Returns 'D8'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	MSG	<b>MESSAGE TEXT</b>		10	S			
2110C	MSG01	Free-Form Message Text	AN	1-264	R			this segment will return the RSP description

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2120C	PER	<b>SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION</b>		3	S			
2120C	PER03	Communication Number Qualifier	ID	2-2	S		ED, EM, FX, TE, UR, WP	Use "TE"
2120C	PER04	Benefit Related Entity Communication Number	AN	1-256	S		AAABBBCCCC	Returns Provider's Phone Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100C</b>	<b>NM1</b>	<b>SUBSCRIBER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2100C	NM108	Identification Code Qualifier	ID	1-2	S		II, MI	Will return value 'MI' – Member Identification Number
2100C	NM109	Subscriber Primary Identifier	AN	2-80	S			Will return 10 digit SC Member Identification number
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2100C</b>	<b>REF</b>	<b>SUBSCRIBER ADDITIONAL IDENTIFICATION</b>		<b>9</b>	<b>S</b>	<b>2100C</b>		
2100C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 3H, 49, 6P, CT, EA, EJ, F6, GH, HJ, IF, IG, N6, NQ, Q4, SY, Y4	currently returns REFs with following codes if received in 270: 18, 1L, 1W, 49, 6P, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ and SY

## 4 TI Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	05/02/2011	William Douglas	Original document 05/03 /2011
1.1	05/12/11	William Douglas	Comments from Charley Cosby from review session
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^