

**Healthcare Benefits & Eligibility Response**

EDI 271



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Healthcare Eligibility Benefit Response (271)

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# **Understanding the EDI 271 File:**

## **What is an EDI?**

EDI (Electronic Data Interchange) is a standard method used to exchange business documents between companies electronically instead of using paper. These business documents are structured according to specific EDI standards, making them universally recognizable by systems that support the standard.

## **What is an EDI 271 File?**

EDI 271 is a transaction set within the HIPAA X12 Electronic Data Interchange (EDI) standard that is used for health care eligibility, benefit inquiry, and response information. This standardized format facilitates the electronic exchange of vital health care data between various entities involved in the health care ecosystem, such as health care providers, insurance companies, and clearinghouses.

## **What is the Structure of an EDI 271 File?**

The EDI 271 file is structured in a hierarchical format. It consists of three main components.

### **The header:**

This contains information about the transaction, such as the sender and receiver, the date and time of the transaction, and the type of transaction.

### **The detail:**

This contains the actual eligibility and benefit information, such as the patient's name, date of birth, insurance information, and benefits.

### **The trailer:**

The trailer segment serves an essential role in ensuring data integrity and confirming the completeness of the EDI message. It typically contains information about the total number of segments in the transaction.

## **Why is the EDI 271 File Important?**

The EDI 271 is essential in the healthcare industry for several reasons:

### **Prompt Patient Care:**

With real-time responses from the insurance providers a doctors can make informed decisions at the point of care, ensuring patients get the necessary treatments without delay.

### **Minimized Administrative Burden:**

Manual checks for eligibility can be time-consuming. Using an automated system based on the EDI 271 transaction set can greatly speed up this process and reduce administrative burden.

### **Financial Transparency:**

The EDI 271 carries the information about patient’s coverage & any out-of-pocket costs they might expect. This helps provider setting a clear expectations and reducing financial surprises to the patient.

### **Optimized Revenue Cycle:**

Knowing the patient's eligibility and benefits in advance minimizes billing errors and claim denials. This leads to more consistent and timely reimbursements, ensuring financial stability

### **Reduced Errors:**

Manual checks can introduce errors due to misinterpretation or false information. Automated EDI 271 processes significantly reduce these risks, ensuring accurate information exchange.

### **HIPAA Compliance:**

Using standardized electronic transactions like the EDI 271 helps providers stay compliant with regulatory requirements.

### **Reduced Phone Calls and Paperwork:**

Instead of spending time on the phone with insurance companies or sifting through faxes and mailed documents, EDI 271 provides a faster and more efficient digital avenue for obtaining necessary information.

### **Proactive Care Planning:**

By understanding the extent of a patient's coverage, clinical staff can plan a care pathway that aligns with patient’s benefits, ensuring they receive appropriate care while optimizing insurance reimbursements.

## **What is the purpose of EDI 271?**

The main purpose of the EDI 271 is to provide relevant information about a patient's health insurance coverage. This might include details on the type of coverage they have, what services are covered, any associated co-pays or deductibles, and more.

# **Loops, Segments and Elements!**

Each EDI 271 file has three main components: loops, segments, and elements. Once you understand what each of these elements is and how they work together, deciphering the 271 will be much simpler.

## **Loops:**

A loop refers to a block of the EDI 271 file. These are the largest components of the file. Loops are like containers that hold related information. Think of them as folders that group together pieces of data.

Each loop contains multiple segments which include elements and sub-elements. Normally, they begin with an NM or HL segment.  
Here are some of the primary loops found in the EDI 271:

* **Header Loop**
* **2000A** - Information Source Level Loop
  + **2100A** - Information Source Name
* **2000B** - Information Receiver Level Loop
  + **2100B** - Information Receiver Name
* **2000C** - Subscriber Level Loop
  + **2100C** - Subscriber Name
  + **2110C** – Subscriber Eligibility or Benefit Information
* **2000D** - Dependent Level Loop
  + **2100D** - Dependent Name
  + **2110D** - Dependent Eligibility or Benefit Information

## **Segments:**

Segments are like labels within those containers. They tell you what type of information is inside. For example, one label might say "Patient's Name," and another might say "Procedure Code."

Each segment is separated on its own line making it easier to read the file. Also, each line ends with a (~) or tilde. The tilde is known as the **Segment Separator**. A **Segment Identifier** Code is located before each segment

## **Elements:**

Elements are the actual pieces of information inside each label. In the "Patient's Name" label, elements could be things like the first name, last name, and middle initial.

You’ll notice several asterisks **(\*)** in each segment. These asterisks are **Element Separators**. There are also **sub-elements that are separated using colons** **(:)**. Multiple colons and asterisks side-by-side means that the sub-element or element is **empty**.

# **Delimiters Used in EDI 271:**

In Electronic Data Interchange (EDI), the 271 transaction set is used for healthcare eligibility and benefit inquiry/response. Delimiters are characters or symbols used to separate different data elements within an EDI message. The standard delimiters used in EDI, including the 271 transaction set, are as follows:

## **Data Element Separator (DES):**

The data element separator is used to separate individual data elements within a segment. In most EDI standards, including X12 the data element separator is typically represented by the **asterisk (\*)** character.

## **Component Element Separator (CES):**

The component element separator is used to separate components within a composite data element. Composite data elements are used when a single data element is made up of multiple sub-elements. The CES is represented by the **colon (:)** character in X12 EDI.

## **Segment Terminator (ST):**

The segment terminator is used to mark the end of a segment within an EDI message. In X12 EDI, the segment terminator is typically represented by the **tilde (~)** character.

# **Sample EDI 271:**

Here's a basic overview of what an EDI 271 might look like

[ISA\*00\* \*00\* \*01\*030240928 \*ZZ\*AV09311993 \*230719\*1552\*^\*00501\*200145255\*0\*P\*: ~](#_Interchange_Control_Header)

[GS\*HB\*030240928\*AV01101957\*20230719\*155255\*1\*X\*005010X279A1~](#_Functional_Group_Header)

[ST\*271\*1001\*005010X279A1~](#_Transaction_Set_Header)

[BHT\*0022\*11\*CM20ZB2307191352844PM\*20230719\*145255~](#_Beginning_of_Hierarchical)

[HL\*1\*\*20\*1~](#_Information_Source_Level:)

[NM1\*PR\*2\*UNITEDHEALTHCARE\*\*\*\*\*PI\*87726~](#_Information_Source_Name:)

[PER\*IC\*\*UR\*WWW.UHCPROVIDER.COM~](#_Request_Validation:)

[HL\*2\*1\*21\*1~](#_Information_Receiver_Level:)

[NM1\*1P\*2\*RIO GRANDE HEMATOLOGY AND ONCOLOGY\*\*\*\*\*XX\*1871134692~](#_Information_Receiver_Name:)

[HL\*3\*2\*22\*0~](#_Subscriber_Level:)

[TRN\*2\*8715678A61D4BB6B10EE0C83\*9222222222\*CM0ZB56~](#_Subscriber_Trace_Number:)

[NM1\*IL\*1\*OCHOA\*LEONOR\*R\*\*\*MI\*968574005~](#_Subscriber_Name:)

[N3\*3520 WINTERHAVEN DR~](#_Subscriber’s_Street_Address:)

[N4\*LAS CRUCES\*NM\*88007~](#_Subscriber’s_City/State/Zip_Code:)

[DMG\*D8\*19501231\*F~](#_Subscriber_Demographic_Information:)

[EB\*1\*\*30\*PR\*LPPO-UNITEDHEALTHCARE CHRONIC COMPLETE ASSURE (PPO\*\*\*\*\*\*Y~](#_Subscriber_Eligibility_or)

[REF\*1L\*77051~](#_Subscriber_Additional_Identificatio)

[DTP\*346\*D8\*20230101~](#_Subscriber_Date:)

[MSG\*A PRIOR AUTHORIZATION OR NOTIFICATION INQUIRY REQUEST MAY BE SUBMITTED~](#_Message_Segment:)

[LS\*2120~](#_Loop_2110D_-)

[NM1\*PR\*2\*UNITEDHEALTHCARE\*\*\*\*\*PI\*87726~](#_Dependent_Benefit_Related)

[N3\*P.O. BOX 31362~](#_Dependent_Benefit_Related_1)

[N4\*SALT LAKE CITY\*UT\*841310362~](#_Dependent_Benefit_Related_1)

[PER\*IC\*\*UR\*WWW.UHCPROVIDER.COM~](#_Dependent_Benefit_Related_2)

[LE\*2120~](#_Loop_Trailer:)

[EB\*G\*FAM\*30\*PR\*\*23\*99999.99\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*G\*IND\*30\*PR\*\*23\*12450\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*G\*FAM\*30\*PR\*\*24\*6451.8\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*G\*IND\*30\*PR\*\*24\*6451.8\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*G\*FAM\*30\*PR\*\*29\*93548.19\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*G\*IND\*30\*PR\*\*29\*5998.2\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[MSG\*COMBINED~](#_MSG_-_Message)

[EB\*C\*IND\*30\*\*\*23\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*C\*FAM\*30\*\*\*23\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*C\*IND\*30\*\*\*24\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*C\*FAM\*30\*\*\*24\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*C\*IND\*30\*\*\*29\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*C\*FAM\*30\*\*\*29\*0\*\*\*\*\*W~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*IND\*30\*PR\*\*23\*8300\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*FAM\*30\*PR\*\*24\*6198.05\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*IND\*30\*PR\*\*29\*2101.95\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*IND\*30\*PR\*\*24\*6198.05\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*FAM\*30\*PR\*\*23\*99999.99\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*G\*FAM\*30\*PR\*\*29\*93801.94\*\*\*\*\*Y~](#_Subscriber_Eligibility_or_1)

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*L~ [Explained in the comment]

[LS\*2120~](#_Loop_2115C_-)

[NM1\*P3\*1\*SMITH\*BRIANA\*\*\*\*XX\*1215488754~](#_Primary_Care_Provider’s)

[N3\*575 S ALAMEDA BLVD~](#_Primary_Care_Provider’s_1)

[N4\*LAS CRUCES\*NM\*88005~](#_Primary_Care_Provider’s_1)

[PER\*IC\*\*TE\*5755286400\*FX\*5755217199~](#_Subscriber_Benefit_Related_1)

[PRV\*PC\*PXC\*363LF0000X~](#_Loop_2120C_-)

[LE\*2120~](#_Loop_Trailer:)

EB\*1\*\*50\*\*\*\*\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT SURGERY~

EB\*1\*\*AL\*\*\*\*\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*ROUTINE EYE EXAM~

EB\*1\*\*96\*\*\*\*\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OFFICE VISIT SPECIALIST~

EB\*1\*\*50\*\*\*\*\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT HOSPITAL~

EB\*1\*\*1^33^47^48^86^98^MH^PT^UC\*\*\*\*\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*A\*IND\*96\*\*\*27\*\*0\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OFFICE VISIT SPECIALIST~

EB\*A\*IND\*50\*\*\*7\*\*.2\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT SURGERY~

EB\*A\*IND\*9\*\*\*27\*\*0\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*VIRTUAL VISITS/TELEMEDICINE~

EB\*A\*IND\*86^UC\*\*\*7\*\*0\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*A\*IND\*50\*\*\*7\*\*.2\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT HOSPITAL~

EB\*A\*IND\*50\*\*\*7\*\*.4\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT HOSPITAL~

EB\*A\*IND\*50\*\*\*7\*\*.4\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT SURGERY~

EB\*A\*IND\*9\*\*\*7\*\*.4\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*VIRTUAL VISITS/TELEMEDICINE~

EB\*A\*IND\*48\*\*\*36\*\*0\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*A\*IND\*96\*\*\*7\*\*.4\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OFFICE VISIT SPECIALIST~

EB\*A\*IND\*48^98^33^PT\*\*\*7\*\*.4\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*A\*IND\*PT^33^98\*\*\*27\*\*0\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*B\*IND\*48^33^PT^98\*\*\*7\*0\*\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*B\*IND\*48\*\*\*36\*1420\*\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*B\*IND\*96\*\*\*7\*0\*\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OFFICE VISIT SPECIALIST~

EB\*B\*IND\*86\*\*\*7\*90\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*B\*IND\*9\*\*\*7\*0\*\*\*\*\*N~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*VIRTUAL VISITS/TELEMEDICINE~

EB\*B\*IND\*96\*\*\*27\*0\*\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OFFICE VISIT SPECIALIST~

EB\*B\*IND\*9\*\*\*27\*0\*\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*VIRTUAL VISITS/TELEMEDICINE~

EB\*B\*IND\*PT^98^33\*\*\*27\*0\*\*\*\*\*Y~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*B\*IND\*50\*\*\*7\*0\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT SURGERY~

EB\*B\*IND\*50\*\*\*7\*0\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*OUTPATIENT HOSPITAL~

EB\*B\*IND\*UC\*\*\*7\*40\*\*\*\*\*W~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

EB\*D\*IND~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*NONADHERENT-CBP-CONTROLLING BLOOD PRESSURE~

EB\*D\*IND~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*NONADHERENT-COAFSA-CARE FOR OLDER ADULTS - FUNCTIONAL STATUS ASSESSMENT~

EB\*D\*IND~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*NONADHERENT-COAMR-CARE FOR OLDER ADULTS - MEDICATION REVIEW~

EB\*D\*IND~

[DTP\*346\*D8\*20230101~](#_Subscriber_Eligibility/Benefit_Date)

MSG\*NONADHERENT-COAPS-CARE FOR OLDER ADULTS - PAIN ASSESSMENT~

EB\*1\*\*30\*\*SPECTERA VISION PLAN~

DTP\*346\*RD8\*20230101-20231231~

[LS\*2120~](#_Loop_Header_(LS):)

[NM1\*PR\*2\*UNITEDHEALTHCARE\*\*\*\*\*PI\*87726~](#_Subscriber_Benefit_Related)

[N3\*PO BOX 30978~](#_Dependent_Benefit_Related_1)

[N4\*SALT LAKE CITY\*UT\*841300978~](#_Dependent_Benefit_Related_1)

[LE\*2120~](#_Loop_Trailer:)

EB\*C\*IND\*30\*\*\*23\*0\*\*\*\*\*W~

[DTP\*346\*RD8\*20230101-20231231~](#_Subscriber_Eligibility/Benefit_Date)

EB\*C\*FAM\*30\*\*\*23\*0\*\*\*\*\*W~

[DTP\*346\*RD8\*20230101-20231231~](#_Subscriber_Eligibility/Benefit_Date)

EB\*G\*IND\*30\*\*\*23\*0\*\*\*\*\*W~

[DTP\*346\*RD8\*20230101-20231231~](#_Subscriber_Eligibility/Benefit_Date)

EB\*G\*FAM\*30\*\*\*23\*0\*\*\*\*\*W~

[DTP\*346\*RD8\*20230101-20231231~](#_Subscriber_Eligibility/Benefit_Date)

EB\*1\*\*AL~

[DTP\*346\*RD8\*20230101-20231231~](#_Subscriber_Eligibility/Benefit_Date)

[EB\*U\*\*35~](#_IEA_–_Interchange)

[LS\*2120~](#_IEA_–_Interchange)

[NM1\*VN\*2\*UNITEDHEALTHCARE DENTAL~](#_IEA_–_Interchange)

[PER\*IC\*\*UR\*WWW.DBP.COM~](#_IEA_–_Interchange)

[LE\*2120~](#_IEA_–_Interchange)

[EB\*U\*\*88~](#_Subscriber_Eligibility_Information)

[LS\*2120~](#_Subscriber_Eligibility_Information)

[NM1\*VN\*2\*OPTUMRX~](#_Subscriber_Eligibility_Information)

[PER\*IC\*\*UR\*PROFESSIONALS.OPTUMRX.COM~](#_Subscriber_Eligibility_Information)

[LE\*2120~](#_Subscriber_Eligibility_Information)

[EB\*X~](#_Subscriber_Eligibility_Information)

[LS\*2120~](#_Loop_Header_(LS):)

[NM1\*1P\*2\*RIO GRANDE HEMATOLOGY AND ONCOLOGY\*\*\*\*\*XX\*1871134692~](#_Loop_2100B_-)

[LE\*2120~](#_Loop_Trailer:)

[SE\*191\*1001~](#_SE_–_Transaction)

[GE\*1\*1~](#_Functional_Group_Trailer:)

[IEA\*1\*200145255~](#_IEA_–_Interchange)

# **Interchange Control Header ISA:**

The Interchange Control Header (ISA) is the first segment in an Electronic Data Interchange (EDI) message. It is used to identify the sender and receiver of the message, the date and time of the message, and the control number for the message. The ISA segment also specifies the format of the message and the type of transactions that are included in the message.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** ISA  **Loop ID:** N/A **Example:** ISA\*00\* \*00\* \*01\*030240928 \*ZZ\*AV09311993 \*230719\*1552\*^\*00501\*200145255\*0\*P\*:~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| ISA01 | 00 | Authorization Information Qualifier | This element specifies the type or format of information that will be in the Authorization Information field (ISA02). It's often used to indicate the security method being used for the interchange. **00 -** No Authorization Information Present **03 -** Additional Data Identification |
| ISA02 | Not Used | No Authorization Available | This element contains security-related information used for authentication or authorization purposes. |
| ISA03 | 00 | Security Information Qualifier | This element indicates the type of security information being used, such as passwords or digital signatures. **00 -** No Security Information Present **01 -** Password |
| ISA04 | Not Used | No Security Information Available | This element contains the actual security-related information, such as passwords or digital signatures. |
| ISA05 | 01 | Interchange ID Qualifier | This element identifies the type of sender's ID that is being used. Refer to [39.10 segment ISA05 under segment details for the details](#_Segment_ISA07) of the segments.  **01 -** Duns (Dun & Bradstreet) |
| ISA06 | 030240928 | Interchange Sender ID | This is the sender's unique identifier within the context of the interchange. |
| ISA07 | ZZ | Interchange ID Qualifier | Similar to ISA05, this element identifies the type of receiver's ID being used. **ZZ -** Mutually Defined |
| ISA08 | AV09311993 | Interchange Receiver ID | This is the receiver's unique identifier within the context of the interchange. |
| ISA09 | 230719 | Interchange Date | This element contains the date when the interchange was created.  **Format** - YYMMDD |
| ISA10 | 1552 | Interchange Time | This element contains the time when the interchange was created. Format used here is HHMM. |
| ISA11 | ^ | Repetition Separator | The repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure. |
| ISA12 | 00501 | Interchange Control Version Number | This element indicates the version of the EDI standards being used. **00501 -** Standards Approved for Publication by ASC X12 Procedures Review Board |
| ISA13 | 200145255 | Interchange Control Number | A unique number assigned to the interchange by the sender to identify it. |
| ISA14 | 0 | Acknowledgment Requested | This indicates whether the sender is requesting an acknowledgment from the receiver. **0 -** Acknowledgment Not Requested **1 -** Acknowledgment Requested |
| ISA15 | P | Interchange Usage Indicator | This element indicates the intended usage of the interchange, such as test or production. **P -** Production Data **0 -** Test Data |
| ISA16 | **:** | Component Element Separator | This character is used to separate elements within the ISA segment. |

# **Functional Group Header GS:**

This segment appears after the ISA segment and before the individual transaction sets. It marks the beginning of a functional group, which is a logical grouping of related transaction sets. The GS segment contains information that pertains to the functional group, such as the functional group identifier, sender and receiver codes, date, time, and a group control number.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** GS  **Loop ID:** N/A  **Example:** GS\*HB\*030240928\*AV01101957\*20230719\*155255\*1\*X\*005010X279A1~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| GS01 | HB | Functional Identifier Code | This element specifies the type of functional group. For the 271 transaction set, the code **"HB"** is typically used to indicate that the group contains health care eligibility or benefit information. |
| GS02 | 030240928 | Application Sender's Code. | This is a code that identifies the sender of the functional group, which in this case would be the entity sending the eligibility inquiry. |
| GS03 | AV01101957 | Application Receiver's Code | This code identifies the receiver of the functional group, which is the entity that will process and respond to the eligibility inquiry. |
| GS04 | 20230719 | Date | This element contains the date when the functional group was created. |
| GS05 | 155255 | Time | This element contains the time when the functional group was created. |
| GS06 | 1 | Group Control Number | A unique number assigned by the sender to identify the functional group within the interchange. |
| GS07 | X | Responsible Agency Code | This code identifies the agency responsible for assigning the codes used in the GS01, ST01, and SE01 elements. In the case of the HIPAA X12 standard, the code "X" is typically used to indicate that the codes are assigned by the Accredited Standards Committee X12. |
| GS08 | 005010X279A1 | Version / Release / Industry Identifier Code | This element specifies the version of the HIPAA X12 standard being used for the transaction. |

# **Transaction Set Header ST:**

The ST segment within the 271 transaction set marks the beginning of an individual transaction set, specifically in this case, the health care eligibility and benefit inquiry.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** ST  **Loop ID**: N/A  **Example:** ST\*271\*1001\*005010X279A1~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| ST01 | 271 | Transaction Set Identifier Code | This element specifies the identifier for the transaction set being used. For the 271 transaction set, the code "271" is used to indicate that the transaction involves health care eligibility and benefit information. From this segment we can identify the type of EDI transaction. |
| ST02 | 1001 | Transaction Set Control Number | This element is a unique control number assigned by the sender to identify the specific instance of the transaction set. It's used for tracking and verification purposes. |
| ST03 | 005010X279A1 | Implementation Convention Reference | The ST03 element is used to indicate the version of the implementation guide that is being followed for the health care eligibility and benefit inquiry. The information in the ST03 element helps ensure that both the sender and receiver of the transaction set are using the same guidelines for proper communication and processing of health care eligibility and benefit information. This element contains the same value as GS08. |

# **Beginning of Hierarchical Transaction BHT:**

The Beginning of Hierarchical Transaction (BHT) segment is used to indicate the beginning of a hierarchical structure within the transaction set. The BHT segment provides information about the hierarchical relationship between different levels of data within the transaction, such as different levels of service or benefit information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** BHT  **Loop ID**: N/A  **Example:** BHT\*0022\*11\*CM20ZB2307191352844PM\*20230719\*145255~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| BHT01 | 0022 | Hierarchical Structure Code | This element specifies the code that indicates the type of hierarchical relationship being represented. In the case of the 271 transaction set, it often indicates the hierarchical level of the patient or the subscriber.  **0022 –** Information Receiver, Information Source, Subscriber, Dependent |
| BHT02 | 11 | Transaction Set Purpose Code | This element indicates the purpose of the transaction set. For the 271 transaction set, it usually indicates whether the transaction is an original inquiry, a response to an inquiry, or a follow-up.  **11 - Response** |
| BHT03 | CM20ZB2307191352844PM | Reference Identification | This element is to be used to trace the transaction from one point  to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be the identifier received in the BHT03 of the corresponding 270 transaction. |
| BHT04 | 20230719 | Transaction Set Creation Date | This element is used for the date the transaction set was generated.  **CCYYMMDD –** Where CC represents the first two digits of calendar year. |
| BHT05 | 145255 | Transaction Set Creation Time | This element is used for the time the transaction set was generated.  **Time Expressed in 24-Hour Clock Time as HHMM, HHMMSS or HHMMSSD** |
| BHT06 | Not Used | Transaction Type Code | This element indicates the type of transaction being performed, such as an eligibility inquiry or response. |

# **Loop 2000A - Information Source Level:**

The Information Source Level loop (2000A) is the first loop in the EDI 271 transaction set. It refers to a specific loop that provides details about the source of the eligibility or benefit information being conveyed in the transaction. This loop is represented as the **"2000A - Information Source Detail"** loop within the 271 transaction set.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** HL **Loop ID:** 2000A **Example:** HL\*1\*\*20\*1~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| HL01 | 1 | Hierarchical ID Number | The HL01 element serves as a unique identifier for each hierarchical level. HL01 could be used to indicate the number of occurrences of the HL segment. The value of HL01 would be "1" for the initial HL segment & would be incremented by one in each subsequent HL segment within the transaction. |
| HL02 | Not Used | Hierarchical Parent ID Number | This data element specifies the hierarchical parent ID number for the information source. |
| HL03 | 20 | Hierarchical Level Code | It's a code that indicates the type of entity at the information source level. This means the organization or entity that is providing the eligibility or benefit response data. **20 - Insurance Company/Information Source 19 - Hospital** |
| HL04 | 1 | Hierarchical Child Code | HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. **1 – Additional Subordinate HL Data Segment in this hierarchical structure. 0 – No Subordinate HL Segment in this hierarchical structure.** |

## **2100A - Information Source Name:**

This segment is used to identify the entity providing the eligibility and benefit limitation

information. The ISN is a required field in EDI 271 and it must be unique for each information source.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** NM1 **Loop ID:** 2100A **Example:** NM1\*PR\*2\*UNITEDHEALTHCARE\*\*\*\*\*PI\*87726~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| NM101 | PR | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition. **PR** - Payer |
| NM102 | 2 | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | UNITEDHEALTHCARE | Organization Name/Last Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| NM104 | Not Used | Entity First Name | For a person, this element contains the first name |
| NM105 | Not Used | Entity Middle Name | For a person, this element contains the middle name |
| NM106 | Not Used | Name Prefix |  |
| NM107 | Not Used | Name Suffix | Suffix to individual name |
| NM108 | PI | Identification Code Qualifier | This element indicates the type of identifier being used. **PI** - Payer ID **XX** - NPI **FI** - Federal Tax Payer Identification Number |
| NM109 | 87726 | Information Source Primary Identifier | This element contains the actual identifier, like the NPI or other identifying number. |
| NM110 | Not Used | Entity Relationship Code | This segment is a two-digit code that specifies the relationship between the entity identified in the NM101-NM103 data elements and the entity identified in the NM108-NM109 data elements. |
| NM111 | Not Used | Entity Identifier Code | It provides the information that is needed to understand the type of entity identifier that is being used. 1 - SSN, 2 - EIN, 3 - NIP 4 - Medicare Health Insurance Claim Number (HICN) 5 - Medicaid Health Insurance Claim Number (HICN) 6 **-** State or Local Health Insurance Identification Number (SHICN) 7 – Other |
| NM112 | Not Used | Name Last or Organization Name | The value of this data element will depend on the value of the EIC data element. |

## **Request Validation:**

To identify a person or office to whom administrative communications should be directed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** PER **Loop ID:** 2100A **Example:** PER\*IC\*\*UR\*WWW.UHCPROVIDER.COM~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| PER01 | IC | Contact Function Code | This element indicates the purpose of the contact information. It explains the role or function of the contact provided. **IC -** Information Contact **BD -** Billing Department **EX** - Emergency Contact |
| PER02 | Not Used | Information Source Contact Name | This element contains the name of the person or department to be contacted. It helps identify who should be reached out to for the specific function. |
| PER03 | UR | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER04 | [WWW.UHCPROVIDER.COM](http://www.uhcprovider.com/) | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER03. In the example WWW.UHCPROVIDER.COM is the actual communication number. |
| PER05 | Not Used | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER06 | Not Used | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER05. |
| PER07 | Not Used | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER08 | Not Used | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER07. |
| PER09 | Not Used | Contact Inquiry Reference | The PER09 segment in EDI 271 is used to specify the country where the provider is located. |

# **Loop 2000B - Information Receiver Level:**

This segment is used to identify the information receiver level.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** HL **Loop ID:** 2000B **Example:** HL\*2\*1\*21\*1~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| HL01 | 2 | Hierarchical ID Number | The HL01 element serves as a unique identifier for each hierarchical level. HL01 could be used to indicate the number of occurrences of the HL segment. The value of HL01 would be "1" for the initial HL segment & would be incremented by one in each subsequent HL segment within the transaction. |
| HL02 | 1 | Hierarchical Parent ID Number | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.  HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| HL03 | 21 | Hierarchical Level Code | It's a code that indicates the type of entity at the information source level. This means the organization or entity that is providing the eligibility or benefit response data. **21 - Information Receiver** |
| HL04 | 1 | Hierarchical Child Code | HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. **1 – Additional Subordinate HL Data Segment in this hierarchical structure 0 – No Subordinate HL Segment in this hierarchical structure** |

## **Loop 2100B - Information Receiver Name:**

Information receiver loop 2000B in EDI 271 is a loop that contains information about the entity that is receiving the eligibility and benefit information. This information includes the entity's name, address, and identification number.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** NM1 **Loop ID:** 2100B **Example:** NM1\*1P\*2\*RIO GRANDE HEMATOLOGY AND ONCOLOGY\*\*\*\*\*XX\*1871134692~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| NM101 | 1P | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition.  **1P** - Provider |
| NM102 | 2 | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | RIO GRANDE HEMATOLOGY AND ONCOLOGY | Organization Name/Last Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| NM104 | Not Used | Entity First Name | For a person, this element contains the first name |
| NM105 | Not Used | Entity Middle Name | For a person, this element contains the middle name |
| NM106 | Not Used | Name Prefix | - |
| NM107 | Not Used | Name Suffix | Suffix to individual name |
| NM108 | XX | Identification Code Qualifier | This element indicates the type of identifier being used. **PI** - Payer ID **XX** - NPI **FI** - Federal Tax Payer Identification Number |
| NM109 | 1871134692 | Information Source Primary Identifier | This element contains the actual identifier, like the NPI or other identifying number. |
| NM110 | Not Used | Entity Relationship Code | This segment is a two-digit code that specifies the relationship between the entity identified in the NM101-NM103 data elements and the entity identified in the NM108-NM109 data elements. |
| NM111 | Not Used | Entity Identifier Code | It provides the information that is needed to understand the type of entity identifier that is being used. **1** - SSN, **2** - EIN, **3** - NIP **4** - Medicare Health Insurance Claim Number (HICN) **5** - Medicaid Health Insurance Claim Number (HICN) 6 **-** State or Local Health Insurance Identification Number (SHICN) **7** - Other |
| NM112 | Not Used | Name Last or Organization Name | The value of this data element will depend on the value of the EIC data element. |

# **Subscriber Level:**

This loop contains information about the subscriber of the health insurance plan. This information includes the subscriber's name, address, date of birth, and identification number. The subscriber loop is used to identify the specific subscriber whose eligibility is being checked.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** HL **Loop ID:** 2000C **Example:** HL\*3\*2\*22\*0~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| HL01 | 3 | Hierarchical ID Number | The HL01 element serves as a unique identifier for each hierarchical level. HL01 could be used to indicate the number of occurrences of the HL segment. The value of HL01 would be "1" for the initial HL segment & would be incremented by one in each subsequent HL segment within the transaction. |
| HL02 | 2 | Hierarchical Parent ID Number | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.  HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| HL03 | 22 | Hierarchical Level Code | It's a code that indicates the type of entity at the information source level. This means the organization or entity that is providing the eligibility or benefit response data. **22 -** Subscriber |
| HL04 | 0 | Hierarchical Child Code | HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. **1 –** Additional Subordinate HL Data Segment in this hierarchical structure **0 –** No Subordinate HL Segment in this hierarchical structure |

# **Subscriber Trace Number (Loop 2000C – Subscriber Level):**

This segment is used to return the numbers submitted on the requesting 270 transaction.

An information source may receive up to two TRN segments in each loop 2000C of a 270 transaction and must return each of them in loop 2000C of the 271 transaction unless the person submitted in loop 2000C is determined to be a dependent, then the TRN segments must be returned in loop 2000D. The returned TRN segments will have a value of “2” in TRN01.

If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of “1" in TRN01 and must identify themselves in TRN03.

This segment must not be used if the subscriber is not the patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** TRN **Loop ID:** 2000C **Example:** TRN\*2\*8715678A61D4BB6B10EE0C83\*9222222222\*CM0ZB56~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| TRN01 | 2 | Trace Type Code | The trace type code specifies the type or purpose of the trace or tracking number. In this case, "2" typically represents a unique identifier for the request. |
| TRN02 | 8715678A61D4BB6B10EE0C83 | Trace Number | This is a unique trace identifier or tracking number associated with the transaction. It is an alphanumeric value that serves as a reference to link the inquiry to the response. |
| TRN03 | 9222222222 | Trace Assigning Entity Identifier | The originating company identifier is the unique identifier or code for the company or entity that initiated the inquiry. In this case, "9222222222" represents the identifier for the originating company. |
| TRN04 | CM0ZB56 | Trace Assigning Entity Additional Identifier | The reference identifier is an additional identifier or reference provided by the originating company. It can be used for further clarification or tracking purposes. In this example, "CM0ZB56" serves as the reference identifier. |

# **Loop 2100C - Subscriber Name:**

This segment is used to identify the subscriber whose information is being requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** NM1 **Loop ID:** 2100C **Example:** NM1\*IL\*1\*OCHOA\*LEONOR\*R\*\*\*MI\*968574005~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| NM101 | IL | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition. **IL -** Insured or Subscriber |
| NM102 | 1 | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | OCHOA | Organization Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| NM104 | LEONOR | Entity First Name | For a person, this element contains the first name |
| NM105 | R | Entity Middle Name | For a person, this element contains the middle name |
| NM106 | Not Used | Name Prefix | - |
| NM107 | Not Used | Name Suffix | Suffix to individual name |
| NM108 | MI | Identification Code Qualifier | This element indicates the type of identifier being used. **MI** - Member ID |
| NM109 | 968574005 | Subscriber Primary Identifier | This element contains the actual identifier, like the NPI or other identifying number. |
| NM110 | Not Used | Entity Relationship Code | This segment is a two-digit code that specifies the relationship between the entity identified in the NM101-NM103 data elements and the entity identified in the NM108-NM109 data elements. |
| NM111 | Not Used | Entity Identifier Code | It provides the information that is needed to understand the type of entity identifier that is being used. 1 - SSN, 2 - EIN, 3 - NIP 4 - Medicare Health Insurance Claim Number (HICN) 5 - Medicaid Health Insurance Claim Number (HICN) 6 **-** State or Local Health Insurance Identification Number (SHICN) 7 - Other |
| NM112 | Not Used | Name Last or Organization Name | The value of this data element will depend on the value of the EIC data element. |

# **Subscriber’s Street Address:**

This segment is used to provide the subscriber address.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** N3 **Loop ID:** 2100C **Example:** N3\*3520 WINTERHAVEN DR~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| N301 | 3520 | Subscriber Address Line | This line is used for the first line of the address. |
| N302 | WINTERHAVEN DR | Subscriber Address Line | This segment is used for the second line of the address. |

# **Subscriber’s City/State/Zip Code:**

This segment is used to provide the subscriber address.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** N4 **Loop ID:** 2100C **Example:** N4\*LAS CRUCES\*NM\*88007~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| N401 | LAS CRUCES | City Name | This segment is used for the city name. |
| N402 | NM | State or Province Code | This segment is used for the State. |
| N403 | 88007 | Postal/Zip Code | This segment is used for the ZIP/Postal Code. |
| N404 | Not Used | Country Code | This segment is used for the subscriber's country code. |
| N405 | Not Used | Location Qualifier | This segment is used to provide additional details about the address, such as apartment numbers, suite numbers, or building names. |
| N406 | Not Used | Location Identification Code | This element contains the city information and helps specify the location of the subscriber within the address details provided |

# **Subscriber Demographic Information (Loop 2100C - Subscriber Name):**

This segment is used to provide subscriber’s date of birth or gender demographic information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** DMG **Loop ID:** 2100C **Example:** DMG\*D8\*19501231\*F~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| DMG01 | D8 | Date Time Period Qualifier | This element is used to indicate the format of DOB that follows in DMG02 |
| DMG02 | 19501231 | Subscriber's DOB | This indicates the DOB of the subscriber. |
| DMG03 | F | Subscriber's Gender Code | This indicates the sex of the individual. **F -** Female, **M -** Male, **U -** Unknown |
| DMG04 | Not Used | Marital Status Code | - |
| DMG05 | Not Used | Race ethnicity code | - |
| DMG06 | Not Used | Citizenship status code | - |
| DMG07 | Not Used | Country Code | - |
| DMG08 | Not Used | Basis of verification code | - |
| DMG09 | Not Used | Quantity | - |

# **Subscriber Eligibility or Benefit Information:**

This segment is used to provide requested eligibility or benefit limitation information. In many

cases, this segment is used in conjunction with other segments in this loop.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID: EB Loop ID:** 2110C **Example:** EB\*1\*\*30\*PR\*LPPO-UNITEDHEALTHCARE CHRONIC COMPLETE ASSURE (PPO\*\*\*\*\*\*Y~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| EB01 | 1 | Eligibility or Benefit Information Code | This code is used to identify the eligibility status of the individual or the benefits related category that is being further described in the following data elements. See the [39.1 Segment EB01 under segment details](#_Segment_EB01) for definition of the elements. **1** - Active Coverage |
| EB02 | Not Used | Coverage Level Code | Code indicating the level of coverage for this insured. **CHD** - Children Only **DEP** - Dependents Only **ECH** - Employee and Children **EMP** - Employee Only **ESP** - Employee and Spouse **FAM** - Family **IND** - Individual **SPC** - Spouse and Children **SPO** - Spouse Only |
| EB03 | 30 | Service Type Code | Code identifying the classification of service. See [39.2 Segment EB03 under Segment details](#_Segment_EB03) for definition of the elements. **30** - Health Benefit Plan Coverage |
| EB04 | PR | Insurance Type Code | Code identifying the type of insurance policy within a specific insurance program. See [39.3 Segment EB04 under segment details](#_Segment_EB04) for definition of the elements. |
| EB05 | LPPO-UNITEDHEALTHCARE CHRONIC COMPLETE ASSURE (PPO | Plan Coverage Description | This element is to be used only to convey the specific product name or special program name for an insurance plan. |
| EB06 | Not Used | Time Period Qualifier | This denotes the unit of time for the eligibility or benefit information (e.g., visit, weekly, lifetime). See [39.4 Segment EB06 under segment details](#_Segment_EB06) or definition of the elements used in EB06. |
| EB07 | Not Used | Benefit Amount | Numeric value that corresponds with the Time Period Qualifier. |
| EB08 | Not Used | Benefit Percent | This indicates the percentage of benefit coverage. |
| EB09 | Not Used | Quantity Qualifier | Quantity related to the benefit. Required when needed to further qualify the eligibility or benefits being identified in the 2110C loop by quantity. See [39.5 Segment EB09 under segment details](#_Segment_EB09) for definition of the elements used in EB09. |
| EB10 | Not Used | Benefit Quantity | Numeric value of quantity. Required when needed to further qualify the eligibility or benefits being identified in the 2110C loop by quantity. |
| EB11 | Y | Authorization or Certification Indicator | Indicator that specifies if pre-authorization is required. **N** - No **U** - Unknown **Y** - Yes |
| EB12 | Not Used | In Plan Network Indicator | Specifies if the services must be rendered In Network. **N** - No **U** - Unknown **W** - Not Applicable |
| EB13 | Not Used | Composite Medical Procedure | This element is used to identify a medical procedure by its standardized codes and applicable modifiers. |
| EB13-1 | Not Used | Product or Service ID Qualifier | Code identifying the type/source of the descriptive number used in EB13-2 Product/Service ID |
| EB13-2 | Not Used | Procedure Code | This is an identifying number for a product or service. EB13-2 indicates the beginning of value of the range of procedure codes and EB13-8 represents the end of the range of procedure codes. All procedure codes in the range will apply. |
| EB13-3 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-4 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-5 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-6 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-7 | Not Used | Description | - |
| EB13-8 | Not Used | Procedure Code | This is an identifying number for a product or service. EB13-2 indicates the beginning of value of the range of procedure codes and EB13-8 represents the end of the range of procedure codes. All procedure codes in the range will apply. |

# **Subscriber Additional Identification:**

This segment is used to provide other third party identification numbers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** REF **Loop ID:** 2110C **Example:** REF\*1L\*77051~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| REF01 | 1L | Reference Identification Qualifier | This code is used to specify or qualify the type of reference number that is following in REF02, REF03, or both. Refer to [39.6 Segment REF01 under segment details for the definition](#_Segment_REF01) of the segments **1L** - Group Policy Number |
| REF02 | 77051 | Reference Identification | This element contains the actual reference or identifier associated with the specified qualifier. |
| REF03 | Not Used | Plan Sponsor Name | While not always required, the REF03 element can be used to provide a brief description or additional information about the reference. |
| REF04 | Not Used | Reference Identifier | This element can be used to provide a second reference identifier, if needed. It is not always used and is not present in all REF segments. |

# **Subscriber Date (Loop 2100C - Subscriber Name):**

The DTP segment is used to specify date or date/time information related to a specific event or context.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** DTP **Loop ID:** 2100C **Example:** DTP\*346\*D8\*20230101~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| DTP01 | 346 | Date/Time Qualifier | This qualifier indicates that the date being provided pertains to the last certification date associated with the subscriber's eligibility for health care benefits. Refer to [39.7 Segment DTP01 under segment details](#_Segment_DTP01) for segment definition.  **346 -** Plan Begin |
| DTP02 | D8 | Date/Time Format Qualifier | The DTP02 element "D8" specifies the format in which the date is represented. **D8** - indicates that the date is presented in CCYYMMDD format. Where CC represents the first two digits of calendar year. |
| DTP03 | 20230101 | Date Time Period | While not always required, the REF03 element can be used to provide a brief description or additional information about the reference. |

# **MSG - Message Text:**

The MSG segment is used to provide additional information about the transaction. It is not mandatory, but it is often used to provide a description of the message or to provide additional instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** MSG **Loop ID:** 2110C **Example:** MSG\*A PRIOR AUTHORIZATION OR NOTIFICATION INQUIRY REQUEST MAY BE SUBMITTED~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| MSG01 | A PRIOR AUTHORIZATION OR NOTIFICATION INQUIRY REQUEST MAY BE SUBMITTED~ | Message Text | This segment contains a message or note related to the healthcare transaction. This message serves as additional information or a reminder regarding the purpose of the transaction and the actions that can be taken. It is often used to provide clarifications or instructions to the recipient of the EDI message. |

# **Loop 2110C - Loop Header:**

The Loop Header LS (Loop Start) serves the function of delineating the beginning of a hierarchical structure within the transaction. It is a control segment that is always used in conjunction with a corresponding loop trailer (end) - LE segment.

Within the EDI 271 transaction, you will typically find multiple nested loops, each designated by a unique identifier. These loops organize information hierarchically. The Loop Header LS marks the beginning of a particular level within this hierarchy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** LS **Loop ID:** 2110C **Example:** LS\*2120~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| LS01 | 2120 | Loop Identifier Code | Use this segment to identify the beginning of the subscriber benefit related entity name loop. The LS and LE segments are used to differentiate these two loops |

# **Subscriber Benefit Related Entity Name:**

This segment is used to identify the entity providing the eligibility and benefit limitation

Information. Required when needed to identify an entity associated with the eligibility or benefits being identified in the 2110D loop such as a provider (e.g. primary care provider), an individual, an organization, another payer, or another information source;

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** NM1 **Loop ID:** 2120C **Example:** NM1\*PR\*2\*UNITEDHEALTHCARE\*\*\*\*\*PI\*87726~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| NM101 | PR | Entity Identifier Code | It contains information about the entity's name and identification.  Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition. **PR -** Payer |
| NM102 | 2 | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | UnitedHealthCare | Organization Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| NM104 | Not Used | Entity First Name | For a person, this element contains the first name |
| NM105 | Not Used | Entity Middle Name | For a person, this element contains the middle name |
| NM106 | Not Used | Name Prefix | - |
| NM107 | Not Used | Name Suffix | Suffix to individual name |
| NM108 | PI | Identification Code Qualifier | This element indicates the type of identifier being used. **PI** - Payer ID **XX** - NPI **FI** - Federal Tax Payer Identification Number |
| NM109 | 87726 | Information Source Primary Identifier | This element contains the actual identifier, like the NPI or other identifying number. |
| NM110 | Not Used | Entity Relationship Code | This segment is a two-digit code that specifies the relationship between the entity identified in the NM101-NM103 data elements and the entity identified in the NM108-NM109 data elements. |
| NM111 | Not Used | Entity Identifier Code | It provides the information that is needed to understand the type of entity identifier that is being used. **1** - SSN, **2** - EIN, **3** - NIP **4** - Medicare Health Insurance Claim Number (HICN) **5** - Medicaid Health Insurance Claim Number (HICN) **6 -** State or Local Health Insurance Identification Number (SHICN) **7** - Other |
| NM112 | Not Used | Name Last or Organization Name | The value of this data element will depend on the value of the EIC data element. |

# **Subscriber Benefit Related Entity Address:**

This segment is used to identify the address information of an entity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Segment ID:** N3 **Loop ID:** 2120C **Example:** N3\*P.O. BOX 31362~ | | | | | |
| **Element ID** | **Element Used** | **Guide Description** | | | **Comments** |
| N301 | P.O. BOX 31362 | Address Information | | | This segment is used for the first line of the address. |
| **Segment ID:** N4 **Loop ID:** 2120C **Example:** N4\*SALT LAKE CITY\*UT\*841310362~ | | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** | |
| N401 | Salt Lake | | City Name | This segment is used for the city name. | |
| N402 | UT | | State or Province Code | This segment is used for the State. | |
| N403 | 84131 | | Postal/Zip Code | This segment is used for the ZIP/Postal Code. | |
| N404 | Not Used | | Country Code | This segment is used for the subscriber's country code. | |
| N405 | Not Used | | Location Qualifier | This segment is used to provide additional details about the address, such as apartment numbers, suite numbers, or building names. | |
| N406 | Not Used | | Location Identification Code | This element contains the city information and helps specify the location of the subscriber within the address details provided | |

# **Subscriber Benefit Related Entity Contact Information:**

Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2120D NM1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** PER **Loop ID:** 2120C **Example:** PER\*IC\*\*UR\*WWW.UHCPROVIDER.COM~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| PER01 | IC | Contact Function Code | This element indicates the purpose of the contact information. It explains the role or function of the contact provided. **IC -** Information Contact **BD -** Billing Department **EX** - Emergency Contact |
| PER02 | Not Used | Information Source Contact Name | This element contains the name of the person or department to be contacted. It helps identify who should be reached out to for the specific function. |
| PER03 | UR | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER04 | [WWW.UHCPROVIDER.COM](http://www.uhcprovider.com/) | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER03. In the example WWW.UHCPROVIDER.COM is the actual communication number. |
| PER05 | Not Used | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER06 | Not Used | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER05. |
| PER07 | Not Used | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER08 | Not Used | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER07. |
| PER09 | Not Used | Contact Inquiry Reference | The PER09 segment in EDI 271 is used to specify the country where the provider is located. |

# **Loop Trailer:**

The Loop Trailer LE (Loop End) serves the function of marking the end of a hierarchical structure within the transaction. Specifically, in the EDI 271 transaction, the Loop Trailer LE is used to indicate the conclusion of a specific hierarchical loop, which may contain information related to healthcare benefits and eligibility inquiries for a particular entity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** LE **Loop ID:** 2110C **Example:** LE\*2120~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| LE01 | 2120 | Loop Identifier Code | This segment is used to identify the end of the subscriber benefit related entity name loop. Because both the subscriber’s name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. |

# **Subscriber Eligibility or Benefit Information:**

This segment is used to provide requested eligibility or benefit limitation information. In many cases, this segment is used in conjunction with other segments in this loop.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID: EB Loop ID:** 2110C **Example:** EB\*G\*FAM\*30\*PR\*\*23\*99999.99\*\*\*\*\*W~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| EB01 | G | Eligibility or Benefit Information Code | This code is used to identify the eligibility status of the individual or the benefits related category that is being further described in the following data elements. See the [39.1 Segment EB01 under segment details](#_Segment_EB01) for definition of the elements. G - Out of Pocket (Stop Loss) |
| EB02 | FAM | Coverage Level Code | Code indicating the level of coverage for this insured. CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only |
| EB03 | 30 | Service Type Code | Code identifying the classification of service. See [39.2 Segment EB03 under Segment details](#_Segment_EB03) for definition of the elements. 30 - Health Benefit Plan Coverage |
| EB04 | PR | Insurance Type Code | Code identifying the type of insurance policy within a specific insurance program. See [39.3 Segment EB04 under segment details](#_Segment_EB04) for definition of the elements. PR - Preferred Provider Organization (PPO) |
| EB05 | Not Used | Plan Coverage Description | This element is to be used only to convey the specific product name or special program name for an insurance plan. |
| EB06 | 23 | Time Period Qualifier | This denotes the unit of time for the eligibility or benefit information (e.g., visit, weekly, lifetime). See [39.4 Segment EB06 under segment details](#_Segment_EB06) or definition of the elements used in EB06. **23** - Calendar Year |
| EB07 | 99999.99 | Benefit Amount | This indicates the monetary amount as qualified by EB01. |
| EB08 | Not Used | Benefit Percent | This indicates the percentage of benefit coverage. |
| EB09 | Not Used | Quantity Qualifier | Quantity related to the benefit. Required when needed to further qualify the eligibility or benefits being identified in the 2110C loop by quantity. See [39.5 Segment EB09 under segment details](#_Segment_EB09) for definition of the elements used in EB09. |
| EB10 | Not Used | Benefit Quantity | Numeric value of quantity. Required when needed to further qualify the eligibility or benefits being identified in the 2110C loop by quantity. |
| EB11 | Not Used | Authorization or Certification Indicator | Indicator that specifies if pre-authorization is required. N - No U - Unknown Y - Yes |
| EB12 | W | In Plan Network Indicator | Specifies if the services must be rendered In Network. **N** - No **U** - Unknown **W** - Not Applicable  **Y** - Yes |
| EB13 | Not Used | Composite Medical Procedure | This element is used to identify a medical procedure by its standardized codes and applicable modifiers. |
| EB13-1 | Not Used | Product or Service ID Qualifier | Code identifying the type/source of the descriptive number used in EB13-2 Product/Service ID |
| EB13-2 | Not Used | Procedure Code | This is an identifying number for a product or service. EB13-2 indicates the beginning of value of the range of procedure codes and EB13-8 represents the end of the range of procedure codes. All procedure codes in the range will apply. |
| EB13-3 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-4 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-5 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-6 | Not Used | Procedure Modifier | This identifies special circumstances related to the performance of the service, as defined by trading partners |
| EB13-7 | Not Used | Description | - |
| EB13-8 | Not Used | Procedure Code | This is an identifying number for a product or service. EB13-2 indicates the beginning of value of the range of procedure codes and EB13-8 represents the end of the range of procedure codes. All procedure codes in the range will apply. |

# **Subscriber Eligibility/Benefit Date:**

The DTP segment is used to specify date or date/time information related to a specific event or context.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** DTP **Loop ID:** 2110C **Example:** DTP\*346\*D8\*20230101~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| DTP01 | 346 | Date/Time Qualifier | This qualifier indicates that the date being provided pertains to the last certification date associated with the subscriber's eligibility for health care benefits. Refer to [39.7 Segment DTP01 under segment details](#_Segment_DTP01) for segment definition.  **346 -** Plan Begin |
| DTP02 | D8 | Date/Time Format Qualifier | The DTP02 element "D8" specifies the format in which the date is represented.  **D8 -** indicates that the date is presented in CCYYMMDD format. Where CC represents the first two digits of calendar year.  **RD8** - Range of Dates Expressed in Format CCYYMMDD**.** |
| DTP03 | 20230101 | Date Time Period | While not always required, the REF03 element can be used to provide a brief description or additional information about the reference. |

# **MSG - Message Text:**

The MSG segment is used to provide additional information about the transaction. It is not mandatory, but it is often used to provide a description of the message or to provide additional instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** MSG **Loop ID:** 2110C **Example:** MSG\*A PRIOR AUTHORIZATION OR NOTIFICATION INQUIRY REQUEST MAY BE SUBMITTED~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| MSG01 | Combined | Message Text | This segment contains a message or note related to the healthcare transaction. This message serves as additional information or a reminder regarding the purpose of the transaction and the actions that can be taken. It is often used to provide clarifications or instructions to the recipient of the EDI message. |

# **Loop Header (LS):**

The Loop Header LS (Loop Start) serves the function of delineating the beginning of a hierarchical structure within the transaction. It is a control segment that is always used in conjunction with a corresponding loop trailer (end) - LE segment.

Within the EDI 271 transaction, you will typically find multiple nested loops, each designated by a unique identifier. These loops organize information hierarchically. The Loop Header LS marks the beginning of a particular level within this hierarchy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** LS **Loop ID:** 2115C  **Example:** LS\*2120~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| LS01 | 2120 | Loop Identifier Code | Use this segment to identify the beginning of the subscriber benefit related entity name loop. The LS and LE segments are used to differentiate these two loops. |

# **Primary Care Provider’s Name Segment:**

This segment is used to provide the name of the primary care physician.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** NM1 **Loop ID:** 2115C  **Example:** NM1\*P3\*1\*SMITH\*BRIANA\*\*\*\*XX\*1215488754~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| NM101 | P3 | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition. **P3 -** Primary Care Provider |
| NM102 | 1 | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | Smith | Organization Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| NM104 | Briana | Entity First Name | For a person, this element contains the first name |
| NM105 | Not Used | Entity Middle Name | For a person, this element contains the middle name |
| NM106 | Not Used | Name Prefix | - |
| NM107 | Not Used | Name Suffix | Suffix to individual name |
| NM108 | XX | Identification Code Qualifier | This element indicates the type of identifier being used. **PI** - Payer ID **XX** - NPI **FI** - Federal Tax Payer Identification Number |
| NM109 | 1215488754 | Information Source Primary Identifier | This element contains the actual identifier, like the NPI or other identifying number. |
| NM110 | Not Used | Entity Relationship Code | This segment is a two-digit code that specifies the relationship between the entity identified in the NM101-NM103 data elements and the entity identified in the NM108-NM109 data elements. |
| NM111 | Not Used | Entity Identifier Code | It provides the information that is needed to understand the type of entity identifier that is being used. **1** - SSN, **2** - EIN, **3** - NIP **4** - Medicare Health Insurance Claim Number (HICN) **5** - Medicaid Health Insurance Claim Number (HICN) **6 -** State or Local Health Insurance Identification Number (SHICN) **7** - Other |
| NM112 | Not Used | Name Last or Organization Name | The value of this data element will depend on the value of the EIC data element. |

# **Primary Care Provider’s Address Segment:**

This segment contains the address related information of the entity, in this case the address of PCP (Primary Care Physician).

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** N3 **Loop ID:** 2115C **Example:** N3\*575 S ALAMEDA BLVD~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| N301 | 575 S ALAMEDA BLVD | Address Line 1 | This segment is used for the first line of the address. |
| N302 | Not Used | Address Line 2 | This segment is used for the second line of the address. |
| **Segment ID:** N4 **Loop ID:** 2115C **Example:** N4\*LAS CRUCES\*NM\*88005~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| N401 | LAS CRUCES | City Name | This segment is used for the city name. |
| N402 | NM | State or Province Code | This segment is used for the State. |
| N403 | 88005 | Postal/Zip Code | This segment is used for the ZIP/Postal Code. |
| N404 | Not Used | Country Code | This segment is used for the subscriber's country code. |
| N405 | Not Used | Location Qualifier | This segment is used to provide additional details about the address, such as apartment numbers, suite numbers, or building names. |
| N406 | Not Used | Location Identification Code | This element contains the city information and helps specify the location of the subscriber within the address details provided |

# **Loop 2120C - Subscriber Benefit Related Entity Contact Information:**

Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2120C NM1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** PER **Loop ID:** 2120C **Example:** PER\*IC\*\*TE\*5755286400\*FX\*5755217199~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| PER01 | IC | Contact Function Code | This element indicates the purpose of the contact information. It explains the role or function of the contact provided. **IC -** Information Contact **BD -** Billing Department **EX** - Emergency Contact |
| PER02 | Not Used | Information Source Contact Name | This element contains the name of the person or department to be contacted. It helps identify who should be reached out to for the specific function. |
| PER03 | TE | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER04 | 5755286400 | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER03. In the example WWW.UHCPROVIDER.COM is the actual communication number. |
| PER05 | FX | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER06 | 5755217199 | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER05. |
| PER07 | Not Used | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER08 | Not Used | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER07. |
| PER09 | Not Used | Contact Inquiry Reference | The PER09 segment in EDI 271 is used to specify the country where the provider is located. |

# **Loop 2120C – Subscriber Benefit Related Provider Information:**

It provides details about the type of provider, any relevant qualifications or codes, and typically includes a provider's unique identifier.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** PRV **Loop ID:** 2120C  **Example:** PRV\*PC\*PXC\*363LF0000X~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| PRV01 | PC | Provider Code | This code is used to identify the type of the provider. Refer [to 39.8 Segment PRV01 under segment details](#_Segment_PRV01) for segment definition. **PC -** Primary Care Physician |
| PRV02 | PXC | Reference Identification Qualifier | This indicates the type of code that will be used to specify the provider's specialty. In this case, "PXC" refers to the Healthcare Provider Taxonomy Code. |
| PRV03 | 363LF0000X | Reference Identification | This is the actual Healthcare Provider Taxonomy Code. |

# **Subscriber Eligibility Information (Dental Benefits):**

EB\*U\*\*35~

LS\*2120~

NM1\*VN\*2\*UNITEDHEALTHCARE DENTAL~

PER\*IC\*\*UR\*WWW.DBP.COM~

LE\*2120~

This nested loop here begins with EB segment where EB01 (**U**) indicates that “**Contact the following entity for benefit related information**” while EB03 (**35**) is used for **Dental Care**.

LS segment marks the actual beginning of the loop followed by the entity name & contact details in **NM1** & **PER** segments respectively. It refers to United Healthcare Dental at [www.dbp.com](http://www.dbp.com) for Dental Benefits related information.

Loop Trailer **LE** segment marks the ending of the nested loop. Below is the breakdown of all the above mentioned segments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment ID:** EB  **Loop ID:** 2110C  **Example:** EB\*U\*\*35~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| EB01 | U | | Eligibility or Benefit Information Code | This code is used to identify the eligibility status of the individual or the benefits related category that is being further described in the following data elements. Refer to [39.1 Segment EB01 under segment details](#_Segment_EB01) for segment definition.  **U -** Contact Following Entity for Eligibility or Benefit Information |
| EB02 | Not Used | | Coverage Level Code | Code indicating the level of coverage for this insured. |
| EB03 | 35 | | Service Type Code | Code identifying the classification of service. See [39.2 Segment EB03 under Segment details](#_Segment_EB03) for definition of the elements.  **35 -** Dental Care |
| **Segment ID:** LS **Loop ID:** 2110C  **Example:** LS\*2120~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| LS01 | 2120 | | Loop Identifier Code | Use this segment to identify the beginning of the subscriber benefit related entity name loop. The LS and LE segments are used to differentiate these two loops. |
| **Segment ID:** NM1 **Loop ID:** 2120C **Example:** NM1\*VN\*2\*UNITEDHEALTHCARE DENTAL~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| NM101 | VN | | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition.  **VN -** Vendor |
| NM102 | 2 | | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | UnitedHealthCare Dental | | Organization Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| **Segment ID:** PER **Loop ID:** 2120C **Example:** PER\*IC\*\*UR\*WWW.DBP.COM~ | | | | |
| **Element ID** | | **Element Used** | **Guide Description** | **Comments** |
| PER01 | | IC | Contact Function Code | This element indicates the purpose of the contact information. It explains the role or function of the contact provided. **IC -** Information Contact **BD -** Billing Department **EX** - Emergency Contact |
| PER02 | | Not Used | Information Source Contact Name | This element contains the name of the person or department to be contacted. It helps identify who should be reached out to for the specific function. |
| PER03 | | UR | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER04 | | [WWW.DBP.COM](http://WWW.DBP.COM) | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER03. In the example WWW.UHCPROVIDER.COM is the actual communication number. |
| **Segment ID:** LE **Loop ID:** 2120C **Example:** LE\*2120~ | | | | |
| **Element ID** | | **Element Used** | **Guide Description** | **Comments** |
| LE01 | | 2120 | Loop Identifier Code | Use this segment to identify the end of the Dependent benefit related entity name loop. Because both the subscriber’s name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. |

# **Subscriber Eligibility Information (Pharmacy):**

EB\*U\*\*88~

LS\*2120~

NM1\*VN\*2\*OPTUMRX~

PER\*IC\*\*UR\*PROFESSIONALS.OPTUMRX.COM~

LE\*2120~

This nested loop here begins with EB segment where EB01 (**U**) indicates that “**Contact the following entity for benefit related information**” while EB03 (**88**) is used for **Pharmacy**.

LS segment marks the actual beginning of the loop followed by the entity name & contact details in **NM1** & **PER** segments respectively. It refers to Optum Pharmacy dept. at proferssional.optumrx.com for Pharmacy Benefits related information.

Loop Trailer **LE** segment marks the ending of the nested loop. Below is the breakdown of all the above mentioned segments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment ID:** EB  **Loop ID:** 2110C  **Example:** EB\*U\*\*88~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| EB01 | U | | Eligibility or Benefit Information Code | This code is used to identify the eligibility status of the individual or the benefits related category that is being further described in the following data elements. Refer to [39.1 Segment EB01 under segment details](#_Segment_EB01) for segment definition.  **U -** Contact Following Entity for Eligibility or Benefit Information |
| EB02 | Not Used | | Coverage Level Code | Code indicating the level of coverage for this insured. |
| EB03 | 88 | | Service Type Code | Code identifying the classification of service. See [39.2 Segment EB03 under Segment details](#_Segment_EB03) for definition of the elements.  **88 -** Pharmacy |
| **Segment ID:** LS **Loop ID:** 2110C  **Example:** LS\*2120~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| LS01 | 2120 | | Loop Identifier Code | Use this segment to identify the beginning of the subscriber benefit related entity name loop. The LS and LE segments are used to differentiate these two loops. |
| **Segment ID:** NM1 **Loop ID:** 2120C **Example:** NM1\*VN\*2\*OPTUMRX~ | | | | |
| **Element ID** | **Element Used** | | **Guide Description** | **Comments** |
| NM101 | VN | | Entity Identifier Code | It contains information about the entity's name and identification. Refer to [39.9 Segment NM101 under segment details](#_Segment_NM101) for segment definition.  **VN -** Vendor |
| NM102 | 2 | | Entity Type Qualifier | This element specifies the type of entity. **1 -** Person **2 -** Organization/Non-Person Entity |
| NM103 | OPTUMRX | | Organization Name | This element contains the last name if it's a person or the organization name if it's an entity. |
| **Segment ID:** PER **Loop ID:** 2120C **Example:** PER\*IC\*\*UR\*PROFESSIONALS.OPTUMRX.COM~ | | | | |
| **Element ID** | | **Element Used** | **Guide Description** | **Comments** |
| PER01 | | IC | Contact Function Code | This element indicates the purpose of the contact information. It explains the role or function of the contact provided. **IC -** Information Contact **BD -** Billing Department **EX** - Emergency Contact |
| PER02 | | Not Used | Information Source Contact Name | This element contains the name of the person or department to be contacted. It helps identify who should be reached out to for the specific function. |
| PER03 | | UR | Communication Number Qualifier | This element indicates the type of communication number that follows. **TE -** Telephone, **EM -** Email, **FX -** Fax **UR -** Uniform Resource Locator |
| PER04 | | PROFESSIONALS.OPTUMRX.COM | Communication Number | This element contains the actual contact information, based on the qualifier provided in PER03. In the example PROFESSIONALS.OPTUMRX.COM is the actual communication number. |
| **Segment ID:** LE **Loop ID:** 2120C **Example:** LE\*2120~ | | | | |
| **Element ID** | | **Element Used** | **Guide Description** | **Comments** |
| LE01 | | 2120 | Loop Identifier Code | Use this segment to identify the end of the Dependent benefit related entity name loop. Because both the subscriber’s name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. |

# **SE – Transaction Set Trailer:**

This segment is used to indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** SE **Loop ID:** N/A  **Example:** SE\*191\*1001~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| SE01 | 191 | Number of included segments | This element indicates the total number of segments included in a transaction set including ST and SE segments. |
| SE02 | 1001 | Transaction Set Control number | This number is assigned locally by the sender and should match the value in the corresponding ST02 segment. |

# **Functional Group Trailer:**

The Functional Group Trailer, represented by the "GE" segment in an X12 EDI transaction, serves as a vital component in electronic data interchange (EDI). Its primary purpose is to mark the conclusion of a functional group within an EDI interchange. Here are a few key characteristics and functions of the Functional Group Trailer:

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** GE **Loop ID:** N/A  **Example:** GE1\*1~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| GE01 | 1 | Number of Transaction Sets Included | This data element contains the number of transaction sets included in this functional group. |
| GE02 | 1 | Group Control Number | A unique number assigned by the sender to identify the functional group within the interchange. |

# **IEA – Interchange Control Trailer:**

This segment is used to define the end of an interchange of zero or more functional groups and interchange-related control segments.

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment ID:** IEA **Loop ID:** N/A  **Example:** IEA\*1\*200145255~ | | | |
| **Element ID** | **Element Used** | **Guide Description** | **Comments** |
| IEA01 | 1 | Number of included Functional Groups | This element indicates the number of functional groups included in an interchange. |
| IEA02 | 200145255 | Interchange Control number | This element indicates a control number assigned by the interchange sender. It must be identical to the same data element in the associated interchange control header. ISA13. |

# **Segment Details:**

Please refer to the table below for the definitions of the different elements used in the various segments of an EDI 271.

|  |  |
| --- | --- |
| **Segment EB01** | |
| **Element** | **Definition** |
| 1 | Active Coverage |
| 2 | Active - Full Risk Capitation |
| 3 | Active - Services Capitated |
| 4 | Active - Services Capitated to Primary Care Physician |
| 5 | Active - Pending Investigation |
| 6 | Inactive |
| 7 | Inactive - Pending Eligibility Update |
| 8 | Inactive - Pending Investigation |
| A | Co-Insurance |
| B | Co-Payment |
| C | Deductible |
| CB | Coverage Basis |
| D | Benefit Description |
| E | Exclusions |
| F | Limitations |
| G | Out of Pocket (Stop Loss) |
| H | Unlimited |
| I | Non-Covered |
| J | Cost Containment |
| K | Reserve |
| L | Primary Care Provider |
| M | Pre-existing Condition |
| MC | Managed Care Coordinator |
| N | Services Restricted to Following Provider |
| O | Not Deemed a Medical Necessity |
| P | Benefit Disclaimer |
| Q | Second Surgical Opinion Required |
| R | Other or Additional Payor |
| S | Prior Year(s) History |
| T | Card(s) Reported Lost/Stolen |
| U | Contact Following Entity for Eligibility or Benefit Information |
| V | Cannot Process |
| W | Other Source of Data |
| X | Health Care Facility |
| Y | Spend Down |
| **Segment EB03** | |
| **Element** | **Definition** |
| 1 | Medical Care |
| 2 | Surgical |
| 3 | Consultation |
| 4 | Diagnostic X-Ray |
| 5 | Diagnostic Lab |
| 6 | Radiation Therapy |
| 7 | Anesthesia |
| 8 | Surgical Assistance |
| 9 | Other Medical |
| 10 | Blood Charges |
| 11 | Used Durable Medical Equipment |
| 12 | Durable Medical Equipment Purchase |
| 13 | Ambulatory Service Center Facility |
| 14 | Renal Supplies in the Home |
| 15 | Alternate Method Dialysis |
| 16 | Chronic Renal Disease (CRD) Equipment |
| 17 | Pre-Admission Testing |
| 18 | Durable Medical Equipment Rental |
| 19 | Pneumonia Vaccine |
| 20 | Second Surgical Opinion |
| 21 | Third Surgical Opinion |
| 22 | Social Work |
| 23 | Diagnostic Dental |
| 24 | Periodontics |
| 25 | Restorative |
| 26 | Endodontics |
| 27 | Maxillofacial Prosthetics |
| 28 | Adjunctive Dental Services |
| 30 | Health Benefit Plan Coverage |
| 32 | Plan Waiting Period |
| 33 | Chiropractic |
| 34 | Chiropractic Office Visits |
| 35 | Dental Care |
| 36 | Dental Crowns |
| 37 | Dental Accident |
| 38 | Orthodontics |
| 39 | Prosthodontics |
| 40 | Oral Surgery |
| 41 | Routine (Preventive) Dental |
| 42 | Home Health Care |
| 43 | Home Health Prescriptions |
| 44 | Home Health Visits |
| 45 | Hospice |
| 46 | Respite Care |
| 47 | Hospital |
| 48 | Hospital - Inpatient |
| 49 | Hospital - Room and Board |
| 50 | Hospital - Outpatient |
| 51 | Hospital - Emergency Accident |
| 52 | Hospital - Emergency Medical |
| 53 | Hospital - Ambulatory Surgical |
| 54 | Long Term Care |
| 55 | Major Medical |
| 56 | Medically Related Transportation |
| 57 | Air Transportation |
| 58 | Cabulance |
| 59 | Licensed Ambulance |
| 60 | General Benefits |
| 61 | In-vitro Fertilization |
| 62 | MRI/CAT Scan |
| 63 | Donor Procedures |
| 64 | Acupuncture |
| 65 | Newborn Care |
| 66 | Pathology |
| 67 | Smoking Cessation |
| 68 | Well Baby Care |
| 69 | Maternity |
| 70 | Transplants |
| 71 | Audiology Exam |
| 72 | Inhalation Therapy |
| 73 | Diagnostic Medical |
| 74 | Private Duty Nursing |
| 75 | Prosthetic Device |
| 76 | Dialysis |
| 77 | Otological Exam |
| 78 | Chemotherapy |
| 79 | Allergy Testing |
| 80 | Immunizations |
| 81 | Routine Physical |
| 82 | Family Planning |
| 83 | Infertility |
| 84 | Abortion |
| 85 | AIDS |
| 86 | Emergency Services |
| 87 | Cancer |
| 88 | Pharmacy |
| 89 | Free Standing Prescription Drug |
| 90 | Mail Order Prescription Drug |
| 91 | Brand Name Prescription Drug |
| 92 | Generic Prescription Drug |
| 93 | Podiatry |
| 94 | Podiatry - Office Visits |
| 95 | Podiatry - Nursing Home Visits |
| 96 | Professional (Physician) |
| 97 | Anesthesiologist |
| 98 | Professional (Physician) Visit - Office |
| 99 | Professional (Physician) Visit - Inpatient |
| A0 | Professional (Physician) Visit - Outpatient |
| A1 | Professional (Physician) Visit - Nursing Home |
| A2 | Professional (Physician) Visit - Skilled Nursing Facility |
| A3 | Professional (Physician) Visit - Home |
| A4 | Psychiatric |
| A5 | Psychiatric - Room and Board |
| A6 | Psychotherapy |
| A7 | Psychiatric - Inpatient |
| A8 | Psychiatric - Outpatient |
| A9 | Rehabilitation |
| AA | Rehabilitation - Room and Board |
| AB | Rehabilitation - Inpatient |
| AC | Rehabilitation - Outpatient |
| AD | Occupational Therapy |
| AE | Physical Medicine |
| AF | Speech Therapy |
| AG | Skilled Nursing Care |
| AH | Skilled Nursing Care - Room and Board |
| AI | Substance Abuse |
| AJ | Alcoholism |
| AK | Drug Addiction |
| AL | Vision (Optometry) |
| AM | Frames |
| AN | Routine Exam |
| AO | Lenses |
| AQ | Non-medically Necessary Physical |
| AR | Experimental Drug Therapy |
| B1 | Burn Care |
| B2 | Brand Name Prescription Drug - Formulary |
| B3 | Brand Name Prescription Drug - Non-Formulary |
| BA | Independent Medical Evaluation |
| BB | Partial Hospitalization (Psychiatric) |
| BC | Day Care (Psychiatric) |
| BD | Cognitive Therapy |
| BE | Massage Therapy |
| BF | Pulmonary Rehabilitation |
| BG | Cardiac Rehabilitation |
| BH | Pediatric |
| BI | Nursery |
| BJ | Skin |
| BK | Orthopedic |
| BL | Cardiac |
| BM | Lymphatic |
| BN | Gastrointestinal |
| BP | Endocrine |
| BQ | Neurology |
| BR | Eye |
| BS | Invasive Procedures |
| BT | Gynecological |
| BU | Obstetrical |
| BV | Obstetrical/Gynecological |
| BW | Mail Order Prescription Drug: Brand Name |
| BX | Mail Order Prescription Drug: Generic |
| BY | Physician Visit - Office: Sick |
| BZ | Physician Visit - Office: Well |
| C1 | Coronary Care |
| CA | Private Duty Nursing - Inpatient |
| CB | Private Duty Nursing - Home |
| CC | Surgical Benefits - Professional (Physician) |
| CD | Surgical Benefits - Facility |
| CE | Mental Health Provider - Inpatient |
| CF | Mental Health Provider - Outpatient |
| CG | Mental Health Facility - Inpatient |
| CH | Mental Health Facility - Outpatient |
| CI | Substance Abuse Facility - Inpatient |
| CJ | Substance Abuse Facility - Outpatient |
| CK | Screening X-ray |
| CL | Screening laboratory |
| CM | Mammogram, High Risk Patient |
| CN | Mammogram, Low Risk Patient |
| CO | Flu Vaccination |
| CP | Eyewear and Eyewear Accessories |
| CQ | Case Management |
| DG | Dermatology |
| DM | Durable Medical Equipment |
| DS | Diabetic Supplies |
| GF | Generic Prescription Drug - Formulary |
| GN | Generic Prescription Drug - Non-Formulary |
| GY | Allergy |
| IC | Intensive Care |
| MH | Mental Health |
| NI | Neonatal Intensive Care |
| ON | Oncology |
| PT | Physical Therapy |
| PU | Pulmonary |
| RN | Renal |
| RT | Residential Psychiatric Treatment |
| TC | Transitional Care |
| TN | Transitional Nursery Care |
| UC | Urgent Care |
| **Segment EB04** | |
| **Element** | **Definition** |
| 12 | Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan |
| 13 | Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination period with an Employer’s Group Health Plan |
| 14 | Medicare Secondary, No-fault Insurance including Auto is Primary |
| 15 | Medicare Secondary Worker’s Compensation |
| 16 | Medicare Secondary Public Health Service (PHS)or Other Federal Agency |
| 41 | Medicare Secondary Black Lung |
| 42 | Medicare Secondary Veteran’s Administration |
| 43 | Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) |
| 47 | Medicare Secondary, Other Liability Insurance is Primary |
| C1 | Commercial |
| CO | Consolidated Omnibus Budget Reconciliation Act (COBRA) |
| CP | Medicare Conditionally Primary |
| D | Disability |
| DB | Disability Benefits |
| EP | Exclusive Provider Organization |
| FF | Family or Friends |
| GP | Group Policy |
| HM | Health Maintenance Organization (HMO) |
| HN | Health Maintenance Organization (HMO) - Medicare Risk |
| HS | Special Low Income Medicare Beneficiary |
| IN | Indemnity |
| IP | Individual Policy |
| LC | Long Term Care |
| LD | Long Term Policy |
| LI | Life Insurance |
| LT | Litigation |
| MA | Medicare Part A |
| MB | Medicare Part B |
| MC | Medicaid |
| MH | Medigap Part A |
| MI | Medigap Part B |
| MP | Medicare Primary |
| OT | Other |
| PE | Property Insurance - Personal |
| PL | Personal |
| PP | Personal Payment (Cash - No Insurance) |
| PR | Preferred Provider Organization (PPO) |
| PS | Point of Service (POS) |
| QM | Qualified Medicare Beneficiary |
| RP | Property Insurance - Real |
| SP | Supplemental Policy |
| TF | Tax Equity Fiscal Responsibility Act (TEFRA) |
| WC | Workers Compensation |
| WU | Wrap Up Policy |
| **Segment EB06** | |
| **Element** | **Definition** |
| 7 | Day |
| 13 | 24 Hours |
| 21 | Years |
| 22 | Service Year |
| 23 | Calendar Year |
| 24 | Year to Date |
| 25 | Contract |
| 26 | Episode |
| 27 | Visit |
| 28 | Outlier |
| 29 | Remaining |
| 30 | Exceeded |
| 31 | Not Exceeded |
| 32 | Lifetime |
| 33 | Lifetime Remaining |
| 34 | Month |
| 35 | Week |
| 36 | Admission |
| **Segment EB09** | |
| **Element** | **Definition** |
| 8H | Minimum |
| 99 | Quantity Used |
| CA | Covered-Actual |
| CE | Covered-Estimated |
| D3 | Number of Co-Insurance Days |
| DB | Deductible Blood Units |
| DY | Days |
| HS | Hours |
| LA | Life-time Reserve Actual |
| LE | Life-time Reserve Estimated |
| M2 | Maximum |
| MN | Month |
| P6 | Number of Services or Procedures |
| QA | Quantity Approved |
| S7 | Age, High Value |
| S8 | Age, Low Value |
| VS | Visits |
| YY | Years |
| **Segment REF01** | |
| **Element** | **Definition** |
| 18 | Plan Number |
| 1L | Group or Policy Number |
| 1W | Member Identification Number |
| 49 | Family Unit Number |
| 6P | Group Number |
| CT | Contract Number |
| EA | Medical Record Identification Number |
| EJ | Patient Account Number |
| F6 | Health Insurance Claim Number |
| GH | Identification Card Serial No. |
| HJ | Identity Card Number |
| IF | Issue Number |
| IG | Insurance Policy Number |
| N6 | Plan Network Identification Number |
| NQ | Medicaid Recipient Identification Number |
| Q4 | Prior Identifier Number |
| SY | Social Security Number |
| Y4 | Agency Claim Number |
| **Segment DTP01** | |
| **Element** | **Definition** |
| 96 | Discharge |
| 102 | Issue |
| 152 | Effective Date of Change |
| 291 | Plan |
| 307 | Eligibility |
| 318 | Added |
| 340 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin |
| 341 | Consolidated Omnibus Budget Reconciliation Act (COBRA) End |
| 342 | Premium Paid to Date Begin |
| 343 | Premium Paid to Date End |
| 346 | Plan Begin |
| 347 | Plan End |
| 356 | Eligibility Begin |
| 357 | Eligibility End |
| 382 | Enrollment |
| 435 | Admission |
| 442 | Date of Death |
| 458 | Certification |
| 472 | Service |
| 539 | Policy Effective |
| 540 | Policy Expiration |
| 636 | Date of Last Update |
| 771 | Status |
| **Segment PRV01** | |
| **Element** | **Definition** |
| AD | Admitting |
| AT | Attending |
| BI | Billing |
| CO | Consulting |
| CV | Covering |
| H | Hospital |
| HH | Home Health Care |
| LA | Laboratory |
| OT | Other Physician |
| P1 | Pharmacist |
| P2 | Pharmacy |
| PC | Primary Care Physician |
| PE | Performing |
| R | Rural Health Clinic |
| RF | Referring |
| SB | Submitting |
| SK | Skilled Nursing Facility |
| SU | Supervising |
| **Segment NM101** | |
| **Element** | **Definition** |
| 13 | Contracted Service Provider |
| 1I | Preferred Provider Organization (PPO) |
| 1P | Provider |
| 2B | Third-Party Administrator |
| 36 | Employer |
| 73 | Other Physician |
| FA | Facility |
| GP | Gateway Provider |
| GW | Group |
| I3 | Independent Physicians Association (IPA) |
| IL | Insured or Subscriber |
| LR | Legal Representative |
| OC | Origin Carrier |
| P3 | Primary Care Provider |
| P4 | Prior Insurance Carrier |
| P5 | Plan Sponsor |
| PR | Payer |
| PRP | Primary Payer |
| SEP | Secondary Payer |
| TTP | Tertiary Payer |
| VN | Vendor |
| VY | Organization Completing Configuration Change |
| X3 | Utilization Management Organization |
| **Segment ISA05** | |
| **Element** | **Definition** |
| 1 | Duns (Dun & Bradstreet) |
| 14 | Duns Plus Suffix |
| 20 | Health Industry Number (HIN) |
| 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 28 | Fiscal Intermediary Identification Number as assigned by HCFA |
| 29 | Medicare Provider and Supplier Identification Number as assigned by HCFA |
| 30 | U.S. Federal Tax Identification Number |
| 33 | National Association of Insurance Commissioners Company Code (NAIC) |
| ZZ | Mutually Defined |