

## Medicare 5010A1 271 Transaction Example using the HETS Application

Not all of the information presented in this example will be on every Medicare 271 response. This example is for illustrative purposes only and shows the various eligibility information that a 271 response may contain, including Part A, Part B, QMB Periods, SNF, Hospital, Preventive, Smoking Cessation, Blood Deductible, Hospice, MSP, Home Health, Medicare Advantage, Part D, Inactive Periods, Rehabilitation, and Occupational, Physical and Speech Therapies.

Note: The information in Table 1 is a representative example from the upcoming HETS R2020Q200 release.

**Request Dates:** 20190101-20200708

**Part A Entitlement:** 20160901 - No term date

**Part B Entitlement:** 20160901 - No term date

**QMB/Medicaid Enrollment Dates:** 20190401-20190531

**Part A Spell:** 20190322-20190407 (Medicare only within Spell DOEBA/DOLBA dates 20190322-20190331, QMB within Spell DOEBA/DOLBA dates) 20190401-20190407)

**Medicare Only:** 20160901-20190331, 20190601 – No Term Date

**Table 1: Medicare 5010A1 271 Transaction Example**

271 Segment	HETS Returned Values
ISA*00* *00* *ZZ*CMS *ZZ*SUBMITTERID *200608*0734*^^00501*111111111*0*P* ~	ISA06 = "CMS" plus spaces (will be 15 bytes) ISA08 = Submitter ID plus spaces (will be 15 bytes)
GS*HB*CMS*SUBMITTERID*20200608*07340000*1*X*005010X279A1~	GS02 = "CMS" GS03 = Submitter ID
ST*271*0001*005010X279A1~	N/A
BHT*0022*11*TRANSA*20200608*07342355~	N/A
HL*1**20*1~	N/A
NM1*PR*2*CMS****PI*CMS~	NM101 = "PR" NM102 = "2" NM103 = "CMS" NM108 = "PI" NM109 = "CMS"
HL*2*1*21*1~	N/A
NM1*1P*2*IRNAME****XX*1234567893~	NM101 = "1P", "FA", or "80"

<b>271 Segment</b>	<b>HETS Returned Values</b>
HL*3*2*22*0~	N/A
TRN*2*TRACKNUM*ABCDEFGHIJ~	N/A
NM1*IL*1*LNAME*FNAME*M***MI*MEMBERID~	NM109 = HETS requires MBI on the 270 and returns MBI on the 271
N3*ADDRESS LINE1*ADDRESS LINE2~	N/A
N4*CITY*ST*ZIPCODE~	N/A
DMG*D8*19400401*F~	N/A
DTP*307*RD8*20190101-20200708~	DTP03 = Date(s) of Service from the 270 inquiry
<b>The following segments illustrate an Inactive (Alien, Deported, or Incarcerated) period.</b>	<b>Medicare Part A or B</b>
EB*6***30~	N/A
DTP*307*RD8*20190126-20190216~	DTP03 = Medicare Entitlement Inactive Date(s)
<b>The following segment illustrates HETS supported Non-Covered Service Type Codes (STCs)</b>	<b>Returned Regardless of Entitlement Status</b>
EB*I**41^54^68^82~	N/A
<b>The following segment illustrates active or inactive Part D Coverage</b>	<b>Medicare Part D</b>
EB*1**88~	EB01= Status of Coverage "1" or "6"
<b>The following segments illustrate Medicaid Enrollment</b>	<b>QMB Dual Eligible</b>
EB*R***QM*AZ QMB Plan~	EB04 = QM, EB05 = State Code + "QMB Plan"
DTP*290*RD8*20190401-20190531~	<b>DTP03 = Medicaid Enrollment Start Date and End Date</b>
<b>The following segments illustrate Part A Entitlement/Coverage</b>	<b>Medicare Part A</b>
EB*1**30^10^15^42^45^48^49^65^69^76^78^83^A5^A7^AG^BT^BU^BV^RN*MA~	EB03= "30" and applicable Part A covered HETS supported Service Type Codes, EB04= "MA"
DTP*291*D8*20160901~	DTP03 = Part A Entitlement Effective and Termination Dates
<b>The following segments illustrate Part A Hospital/SNF Spell Dates</b>	<b>Medicare Part A</b>
EB*D**30*MA~	EB04 = MA
DTP*292*RD8*20190322-20190407~	DTP03 = Spell DOEBA/DOLBA
EB*D**48*MA~	EB03 = 48 Part A Hospital Stay

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*435*D8*20190322-20190407~	DTP03 = Hospital Start & End Dates
LS*2120~	N/A
NM1*FA*2*****XX*1234567893~	NM109 = billing Hospital NPI
LE*2120~	N/A
<b>The following segments illustrate Part A Base Deductible Financial Data</b>	<b>Medicare Part A</b>
EB*C**30*MA**26*1408~	EB07 = Part A Base Deductible 2020
DTP*291*RD8*20200101-20201231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MA**26*1364~	EB04 = MA, EB07 = Part A Base Deductible 2019
DTP*291*RD8*20190601-20191231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20190101-20190331~	DTP03= Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Base Deductible Financial Data Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b>
EB*C**30*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A Base Deductible "0" (Deductible not applicable)
DTP*291*RD8*20190401-20190531~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Base as Remaining Deductible Financial Data</b>	<b>Medicare Part A</b>
EB*C**30*MA**29*1408~	EB07 = Part A Base as Remaining Deductible 2020
DTP*291*RD8*20200101-20201231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MA**29*1364~	EB04 = MA, EB07 = Part A Base as Remaining Deductible 2019
DTP*291*RD8*20190601-20191231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20190101-20190331~	DTP03= Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Remaining Deductible (Intersecting Spell)</b>	<b>Medicare Part A</b>

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*C**30*MA**29*0~	EB04 = MA
DTP*291*RD8*20190322-20190331~	DTP03= Spell DOEBA/DOLBA Dates or Dates within Spell DOEBA/DOLBA for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A “Free” Services</b>	<b>Medicare Part A</b>
EB*C**42^45*MA**26*0~	EB04 = MA, EB07 = Part A Base Deductible 0 (Deductible not applicable)
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20190101-20190331~	DTP03 = Calendar Year Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days</b>	<b>Medicare Part A</b> <b>To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2020
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*60~	HSD06 = "60" (Illustrates through day 60)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*352~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2020
HSD***DA**30*60~	HSD06 = "60" (Illustrates days exceeding 60)
HSD***DA**31*90~	HSD06 = "90" (Illustrates through day 90)
HSD****26*1~	HSD06 = "1" (per Part A Spell)

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*435*RD8*20190101-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell in 2019
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*60~	HSD06 = "60" (Illustrates through day 60)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*341~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2019
HSD***DA**30*60~	HSD06 = "60" (Illustrates days exceeding 60)
HSD***DA**31*90~	HSD06 = "90" (Illustrates through day 90)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days Medicaid Enrolled</b>	
<b>Medicare Part A + QMB Dual Eligible</b> <b>To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>	
EB*B**30*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*60~	HSD06 = "60" (Illustrates through day 60)

<b>271 Segment</b>	<b>HETS Returned Values</b>
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
EB*B**30*QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**30*60~	HSD06 = "60" (Illustrates days exceeding 60)
HSD***DA**31*90~	HSD06 = "90" (Illustrates through day 90)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days as Remaining</b>	<b>Medicare Part A</b> <b>To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell in 2020
HSD***DA**29*60~	HSD06 = "60" (Illustrates Part A Spell Hospital Full Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*352~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2020
HSD***DA**29*30~	HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190101-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2019
HSD***DA**29*60~	HSD06 = "60" (Illustrates Part A Spell Hospital Full Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*341~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2019
HSD***DA**29*30~	HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days as Remaining Medicaid Enrolled</b>	
<b>Medicare Part A + QMB Dual Eligible</b> To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG	
EB*B**30*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**29*60~	HSD06 = "60" (Illustrates Part A Spell Hospital Full Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*B**30*QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**29*30~	HSD06 = "30" (Illustrates Part A Spell Hospital Days)
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Spell Hospital Remaining Days (intersecting Spell)</b>	<b>Medicare Part A</b> <b>To receive Spell Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG and spell must be present within 60 days of search request date.</b>
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2019
HSD***DA**29*50~	HSD06 = Part A Spell Hospital Full Days Remaining
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190322-20190331~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*341~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount 2019
HSD***DA**29*30~	HSD06 = Part A Spell Hospital Coinsurance Days Remaining
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190322-20190331~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Remaining Days (Intersecting Spell) Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b> <b>To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*B**30*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**29*50~	HSD06 = Part A Spell Hospital Full Days Remaining
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190407~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible
EB*B**30*QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2019 (Co-payment amount not applicable)
HSD***DA**29*30~	HSD06 = Part A Spell Hospital Coinsurance Days Remaining
HSD****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20190401-20190407~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Spell SNF Base Days</b>	<b>Medicare Part A</b> <b>To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
EB*B**AG*MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment Amount per Part A Spell in 2020
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*20~	HSD06 = "20" (Illustrates through day 20)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*176~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2020
HSD***DA**30*20~	HSD06 = "20" (Illustrates days exceeding 20)

<b>271 Segment</b>	<b>HETS Returned Values</b>
HSD***DA**31*100~	HSD06 = "100" (Illustrates through day 100)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*2020101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2019
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*20~	HSD06 = "20" (Illustrates through day 20)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*170.5~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019
HSD***DA**30*20~	HSD06 = "20" (Illustrates days exceeding 20)
HSD***DA**31*100~	HSD06 = "100" (Illustrates through day 100)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell SNF Base Days Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
EB*B**AG*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2019 (Co-payment amount not applicable)
HSD***DA**30*0~	HSD06 = "0" (Illustrates days exceeding 0)
HSD***DA**31*20~	HSD06 = "20" (Illustrates through day 20)

<b>271 Segment</b>	<b>HETS Returned Values</b>
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
EB*B**QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2019 (Co-payment amount not applicable)
HSD***DA**30*20~	HSD06 = "20" (Illustrates days exceeding 20)
HSD***DA**31*100~	HSD06 = "100" (Illustrates through day 100)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Spell SNF Base Days as Remaining</b>	
<b>Medicare Part A</b> <b>To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>	
EB*B**MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2020
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**MA**7*176~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2020
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2019
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*170.5~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell SNF Base Days as Remaining Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
EB*B**AG*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2019 when Dual Eligible (Co-payment amount not applicable)
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
EB*B**AG*QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019 when Dual Eligible (Co-payment amount not applicable)
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)
HSD****26*1~	HSD06 = "1" (per SNF Spell)

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell)</b>	<b>Medicare Part A</b> To receive Spell SNF Data the 270 request <b>MUST contain STC= AG</b> and spell must be present within 60 days of search request date.
EB*B**AG*MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment Amount per Part A SNF Spell in 2019
HSD***DA**29*20~	HSD06 = Part A Spell SNF (Full) Remaining Days
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190322-20190331~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*170.5~	EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019
HSD***DA**29*80~	HSD06 = Part A Spell SNF Coinsurance Remaining Days
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190322-20190331~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell) Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b> To receive Skilled Nursing Facility Data the 270 request <b>MUST contain STC= AG</b>
EB*B**AG*QM*Medicare Part A*26*0~	EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2019 when Dual Eligible (Co-payment amount not applicable)
HSD***DA**29*20~	HSD06 = Part A Spell SNF (Full) Remaining Days
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190401-20190407~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*B**AG*QM*Medicare Part A*7*0~	EB04 = QM, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019 when Dual Eligible (Co-payment amount not applicable)
HSD***DA**29*80~	HSD06 = Part A Spell SNF Coinsurance Remaining Days
HSD****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20190401-20190407~	DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Lifetime Reserve Days</b>	<b>Medicare Part A</b> To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG.
EB*K**30*MA**32***DY*60~	EB10 = Part A Lifetime Reserve Base Days
EB*K**30*MA**33***DY*58~	EB10 = Part A Lifetime Reserve Remaining Days
<b>The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount</b>	<b>Medicare Part A</b> To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG.
EB*K**30*MA**7*704~	EB07 = Part A Co-Payment amount per day 2020
DTP*435*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*K**30*MA**7*682~	EB07 = Part A Co-Payment amount per day 2019
DTP*435*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b> To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG.
EB*K**30*QM*Medicare Part A*7*0~	EB04 = "QM", EB07 = Part A Co-Payment amount per day 2019 (Co-Payment not applicable)

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*435*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part A Lifetime Psychiatric Limitation Data</b>	<b>Medicare Part A</b> To receive Lifetime Psychiatric Limitation Data the 270 request MUST contain STC= A7. Submitters are only permitted to request STC A7 on behalf of Psychiatric/Mental Health professionals and institutions. Compliance will be monitored by CMS.
EB*K**A7*MA**32***DY*190~	EB10 = Part A Lifetime Psychiatric Base Days
EB*K**A7*MA**33***DY*180~	EB10 = Part A Lifetime Psychiatric Remaining Days
<b>The following segments illustrate Part B Entitlement/Coverage</b>	<b>Medicare Part B</b>
EB*1**30^10^12^13^14^18^2^20^23^24^25^26^27^28^3^33^36^37^38^39^4^40^42^5^50^51^52^53^6^62^65^67^69^7^73^76^78^8^80^81^83^86^93^98^99^A0^A3^A4^A6^A8^AD^AE^AF^AI^AJ^AK^AL^BF^BG^BH^BT^BU^BV^DM^RN^UC^MB~	EB03 = "30" and applicable Part B covered HETS supported Service Type Codes EB04 = "MB"
DTP*291*D8*20160901~	DTP03 = Entitlement and Termination Dates
<b>The following segments illustrate Part B Base Deductible Financial Data</b>	<b>Medicare Part B</b>
EB*C**30*MB**23*185~	EB04 = "MB", EB07 = Part B Base Deductible 2020
DTP*291*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MB**23*185~	EB04 = "MB", EB07 = Part B Base Deductible 2019
DTP*291*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Base Deductible Financial Data Medicaid enrolled</b>	<b>Medicare Part B + QMB Dual Eligible</b>
EB*C**30*QM*Medicare Part B*23*0~	EB04 = "QM", EB07 = Part B Base Deductible 2019 ( 0 Not applicable)
DTP*291*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part B Remaining Deductible Financial Data</b>	<b>Medicare Part B</b>

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*C**30*MB**29*0~	EB04 = "MB", EB07 = Part B Remaining Deductible 2020
DTP*291*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MB**29*0~	EB04 = "MB", EB07 = Part B Remaining Deductible 2019
DTP*291*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20190101-20190331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Coinsurance Financial Data</b>	
<b>Medicare Part B</b>	
EB*A**30*MB**27**.2~	EBO\$ = "MB", EB08 = Part B Plan Level Coinsurance 2020
DTP*291*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*A**30*MB**27**.2~	EB04 = "MB", EB08 = Part B Plan Level Coinsurance 2019
DTP*291*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Coinsurance Financial Data Medicaid Enrolled</b>	
<b>Medicare Part B + QMB Dual Eligible</b>	
EB*A**30*QM*Medicare Part B*27**0~	EB04 = "QM", EB08 = Part B Plan Level Coinsurance 2019 (0 Not applicable)
DTP*291*RD8*20190401-20190531~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible
<b>The following segments illustrate Part B "Free" Services Deductible</b>	
<b>Medicare Part B</b>	
EB*C**42^5^67^AJ*MB**23*0~	EB04 = "MB", EB07 = Part B Base Deductible is not applicable
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

<b>271 Segment</b>	<b>HETS Returned Values</b>
DTP*292*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B “Free” Services Coinsurance</b>	<b>Medicare Part B</b>
EB*A**42^5^67^AJ*MB**27**0~	EB04 = “MB”, EB08 = Part B Co-Insurance for Part B is not applicable
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20190601-20191231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20190101-20190331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Preventive HCPCS Codes Benefit Level Financial Data</b>	<b>Medicare Part B</b> Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270. Deductibles/Coinsurance for HCPCS Codes that match Plan Level will not be returned. Deductibles/Coinsurance for HCPCS Codes that differ from Part B Plan Level Deductible will be returned when the current date does not intersect a period of Medicaid Enrollment.
EB*C***MB**23*0*****HC 90670~	EB07 = Part B Plan Applicable Deductible Amount (Waived for this service)
DTP*292*D8*20200308~	DTP03 = System Date when the 270 request was processed
EB*C***MB**23*0*****HC G0476~	EB07 = Part B Plan Applicable Deductible Amount (Waived for this service)
DTP*292*D8*20200308~	DTP03 = System Date when the 270 request was processed
EB*A***MB**27**0*****HC 90670~	EB08 = Part B Plan Applicable Coinsurance Amount (Waived for this service)
DTP*292*D8*20200308~	DTP03 = System Date when the 270 request was processed
<b>The following segments illustrate Part B Preventive HCPCS Codes Which Return Next Eligible Dates</b>	<b>Medicare Part B</b> Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270 and that supported Preventive HCPCS Code returns next eligible dates.

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*D***MB*****HC G0476~	EB13 = Part B Preventive HCPCS Code
DTP*348*D8*20160901~	DTP03 = Next Eligible Date for Preventive Service
EB*D***MB*****HC G0117~	EB13 = Part B Preventive HCPCS Code
DTP*348*D8*20160901~	DTP03 = Next Eligible Date for Preventive Service
<b>The following segments illustrate Part B Smoking Cessation Sessions</b>	<b>Medicare Part B</b> <b>Only returned if STC= 67 is requested on 270.</b> <b>HETS will return a Smoking Cessation Initial Session Date if counseling sessions have been used in the last 12 months.</b>
EB*F**67*MB**22***VS*8~	EB10 = Part B Base Number of Smoking Cessation Sessions
HSD*VS*6***29~	HSD02 = Number of Smoking Cessation Sessions Remaining
DTP*292*D8*20190501~	DTP03 = Smoking Cessation Initial Session Date (if applicable)
<b>The following segments illustrate Part B Therapy Benefit Detail</b>	<b>Medicare Part B</b> <b>Only returned if STC= AD, AE or AF is requested on 270</b>
EB*D**AD*MB***200~	EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
EB*D**AD*MB***1345~	EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20190101-20191231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
EB*D**AE*MB***0~	EB03 =AE for Physical/Speech Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
EB*D**AE*MB***0~	EB03 =AE for Physical/Speech Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20190101-20191231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
<b>The following segments illustrate Part B Rehabilitation Benefit Detail</b>	<b>Medicare Part B</b> <b>Only returned if STC=BF or BG is requested on 270</b>

<b>271 Segment</b>	<b>HETS Returned Values</b>
EB*F**BF*MB**29***CA*36~	EB10 = Number of Pulmonary Rehabilitation Sessions remaining
MSG*Professional~	N/A
EB*F**BF*MB**29***CA*36~	EB10 = Number of Pulmonary Rehabilitation Sessions remaining
MSG*Technical~	N/A
EB*F**BG*MB****99*0~	EB10 = Number of Cardiac Rehabilitation Sessions used
MSG*Professional~	N/A
EB*F**BG*MB****99*0~	EB10 = Number of Cardiac Rehabilitation Sessions used
MSG*Technical~	N/A
EB*F**BG*MB****99*15~	EB10 = Number of Intensive Cardiac Rehabilitation Services Used <i>only if</i> MSG01 = Intensive Cardiac Rehabilitation
MSG*Intensive Cardiac Rehabilitation – Professional~	N/A
EB*F**BG*MB****99*15~	EB10 = Number of Intensive Cardiac Rehabilitation Services Used <i>only if</i> MSG01 = Intensive Cardiac Rehabilitation
MSG*Intensive Cardiac Rehabilitation – Technical~	N/A
<b>The following segments illustrate Home Health Episodes</b>	<b>Medicare Part A or B Only returned if STC=42 is requested on 270</b>
EB*X**42***26~	N/A
DTP*472*RD8* 20190408-20190506~	DTP03 = Home Health Period Start & End Dates
DTP*193*D8*20190408~	DTP03 = Home Health Period DOEBA
DTP*194*D8*20190506~	DTP03 = Home Health Period DOLBA
MSG*<PatientStatusCode> - <PatientStatusCodeText>	The values in the < > will reflect the Home Health Patient Status Code on file. If there is no Home Health Patient Status Code on file, then no Home Health MSG segment is returned.
LS*2120~	N/A
NM1*PR*2*ORGNAME****PI*CONTR~	NM103 = Home Health Contractor Name NM109 = Home Health Contractor Number
NM1*1P*2*****XX*1234567890~	NM109 = Home Health Service Provider NPI

<b>271 Segment</b>	<b>HETS Returned Values</b>
LE*2120~	N/A
<b>The following segments illustrate Home Health Certification/Recertification Dates</b>	<b>Medicare Part A or B</b> Only returned if STC=42 is requested on 270. Up to 10 each Home Health Certification and Recertification dates will be returned.
EB*X*****HC G0180~	EB13 = Home Health Certification HCPCS Code
DTP*193*D8*20190521~	DTP03 = Home Health Certification Start Date
EB*X*****HC G0179~	EB13 = Home Health Recertification HCPCS Code
DTP*193*D8*20190917~	DTP03 = Home Health Recertification Date
DTP*193*D8*20190719~	DTP03 = Home Health Recertification Date
<b>The following segments illustrate Part A Hospice Episodes</b>	<b>Medicare Part A</b> Only returned if STC=45 is requested on 270 and beneficiary is Part A entitled
EB*X**45*MA**26~	N/A
DTP*292*D8*20171115~	DTP02 = D8 value indicates this is a Hospice Notice of Election (NOE) DTP03 = Start Date for the Hospice NOE
MSG*Revocation Code - 0~	MSG01 = "Revocation Code " + Hospice Revocation Code of "0"
LS*2120~	N/A
NM1*1P*2*****XX*1234567890~	NM109 = Hospice Provider NPI
LE*2120~	N/A
EB*X**45*MA**26~	N/A
DTP*292*RD8*20170203-20170404~	DTP02 = RD8 value indicates a Hospice episode DTP03 = Hospice Effective Date through Hospice Termination Date
MSG*Revocation Code - 1~	MSG01 = "Revocation Code " + Hospice Revocation Code of "1"
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Hospice Provider NPI
LE*2120~	N/A

<b>271 Segment</b>	<b>HETS Returned Values</b>
<b>The following segments illustrate ESRD data</b>	<b>Medicare Part A or B Only returned if STC=RN or CQ is requested on 270</b>
EB*D**RN~	EB03 = RN for ESRD
DTP*292*RD8*20150601-20190101~	DTP01 = 292, meaning ESRD Coverage Period DTP03 = ESRD Coverage Period Start and (if applicable) End Date(s)
DTP*472*RD8*20150601-20151019~	DTP01 = 472, meaning ESRD Dialysis Period DTP03 = ESRD Dialysis Period Start and (if applicable) End Date(s)
DTP*096*D8*20150724~	DTP01 = 096, meaning ESRD Transplant Effective Date DTP03 = ESRD Transplant Effective Date
<b>The following segments illustrate Blood Deductible Data</b>	<b>Medicare Part A or B Only returned if STC=10 is requested on 270</b>
EB*E***10***23***DB*3~	EB10 = Number of Fully Covered Units
HSD*FL*1***29~	HSD02 = Number of Units Remaining
DTP*292*RD8*20200101-20201231~	DTP03 = Calendar year
EB*E***10***23***DB*3~	EB10 = Number of Fully Covered Units
HSD*FL*2***29~	HSD02 = Number of Units Remaining
DTP*292*RD8*20190101-20191231~	DTP03 = Calendar year
<b>The following segments illustrate Part D Enrollment</b>	<b>Medicare Part A or B</b>
EB*R**88*OT~	N/A
REF*18*S1234~	REF02 = Part D Contract Number
REF*N6*001*PLANNAME~	REF02 = Part D PBP Number, REF03 = Part D PBP Plan Name
DTP*292*D8*20170101~	DTP03 = Part D Plan Enrollment Date(s)
LS*2120~	N/A
NM1*PR*2*ORGNAME~	NM103 = Part D Contract Name
N3*ADDRESSLINE1*ADDRESSLINE2~	N301/N302 = Part D Contract Address
N4*CITY*ST*ZIPCODE~	N401/N402/N403 = Part D Contract City/State/ZIP

<b>271 Segment</b>	<b>HETS Returned Values</b>
PER*IC**TE*AAABBCCCC*UR*www.website.com~	PER04 = Part D Plan Telephone Number PER06 = Contract Website Address
LE*2120~	N/A
<b>The following segments illustrate Part C MA (Medicare Advantage) enrollment</b>	<b>Medicare Part A or B</b>
EB*U**30*IN~	EB04 = MA Contract Type (HMO, PPO, Indemnity, etc.)
REF*18*H1234~	REF02 = MA Contract Number
REF*N6*001*PLANNNAME~	REF02 = MA PBP Number, REF03 = MA PBP Plan Name
DTP*290*D8*20170101~	DTP03 = MA Plan Enrollment Date(s)
MSG*MCO Bill Option Code- C~	MSG01 = "MCO Bill Option Code – “ + ” + Bill Option Code
LS*2120~	N/A
NM1*PRP*2*ORGNAME~	NM103 = MA Contract Name
N3*ADDRESSLINE1*ADDRESSLINE2~	N301/N302 = MA Contract Address
N4*CITY*ST*ZIPCODE~	N401/N402/N403 = MA Contract City/State/ZIP
PER*IC**TE*AAABBCCCC*UR*www.website.com~	PER04 = MA Plan Telephone Number PER06 = MA Plan Website Address
LE*2120~	N/A
<b>The following segments illustrate MSP Enrollment</b>	<b>Medicare Part A or B</b>
EB*R**30*13~	EB04 = MSP Insurance Type Code
REF*IG*GROUPCOVERAGEPLANPOLICYNUMBER~	REF02 = MSP Policy Number, which is the group coverage plan in which the Medicare Beneficiary is enrolled
DTP*290*RD8*20170701-20190401~	DTP03 = MSP Effective Date(s)
MSG*S8002XA,S40012A,S93609A,G5622~	MSG02 = All MSP diagnosis codes related to the MSP enrollment period
LS*2120~	N/A
NM1*PRP*2*ORGNAME~	NM103 = MSP Name
N3*ADDRESSLINE1*ADDRESSLINE2~	N301/N302 = MSP Insurance Address

<b>271 Segment</b>	<b>HETS Returned Values</b>
N4*CITY*ST*ZIPCODE~	N401 = MSP City, N402=MSP State, N403=MSP Zip
LE*2120~	N/A
<b>The following segments illustrate Part B Preventive HCPCS Codes Which Return Prior Service History</b>	<b>Medicare Part B</b> Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270 and that supported Preventive HCPCS Code returns prior service history.
EB*D***MB*****HC 90670~	EB13 = Part B Preventive HCPCS Code
DTP*472*D8*20180103~	DTP01 = 472 DTP03 = Most recent Date of Service for HCPCS 90670
LS*2120~	N/A
NM1*1P*2*****XX*1234567890~	NM109 = Rendering NPI for HCPCS Code 90670
LE*2120~	N/A
EB*D***MB*****HC 90670~	EB13 = Part B Preventive HCPCS Code
DTP*472*D8*20160101~	DTP01 = 472 DTP03 = Second most recent Date of Service for HCPCS 90670
LS*2120~	N/A
NM1*1P*2*****XX*1234567890~	NM109 = Rendering NPI for HCPCS Code 90670
LE*2120~	N/A
<b>The following segments illustrate the end of a transaction.</b>	<b>N/A</b>
SE*355*0001~	N/A
GE*1*1~	N/A
IEA*1*111111111~	N/A