



270 Eligibility, Coverage or Benefit Inquiry

HIPAA/V4010X092A1/270 : 270 Eligibility, Coverage or Benefit Inquiry

Version: 1.0 Final

| | |
|---------------------|---|
| Author: | Medicaid North Dakota |
| Company: | Medicaid North Dakota |
| Publication: | 10/1/2003 |
| Notes: | This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 270 Eligibility, Coverage or Benefit Inquiry transaction set addenda Implementation |

Guide. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable HIPAA Implementation Guide.

Implementation Guides are published by Washington Publishing Company and can be purchased from the Washington Publishing Company web site at www.wpc-edi.com. Copyright (c) 2000, Data Interchange Standards Association on behalf of ASC X12.Format (c) 2000, Washington Publishing Company. All Rights Reserved.

Table of Contents

| | | |
|------------|---|----------|
| 270 | Eligibility, Coverage or Benefit Inquiry | 1 |
| ISA | Interchange Control Header..... | 2 |
| GS | Functional Group Header..... | 6 |
| ST | Transaction Set Header..... | 9 |
| NM1 | Information Source Name..... | 10 |
| NM1 | Information Receiver Name..... | 14 |
| NM1 | Subscriber Name..... | 17 |
| DMG | Subscriber Demographic Information..... | 20 |
| DTP | Subscriber Date..... | 22 |

270 Eligibility, Coverage or Benefit Inquiry

Functional Group=HS

Purpose: This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to inquire about the eligibility, coverages or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy. The transaction set is intended to be used by all lines of insurance such as Health, Life, and Property and Casualty.

Not Defined:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Notes</u> | <u>Usage</u> |
|------------|-----------|----------------------------|------------|----------------|---------------|--------------|--------------|
| | ISA | Interchange Control Header | M | 1 | | | Required |
| | GS | Functional Group Header | M | 1 | | | Required |

Heading:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Notes</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|----------------|---------------|--------------|--------------|
| 010 | ST | Transaction Set Header | M | 1 | | | Required |

Detail:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Notes</u> | <u>Usage</u> |
|-------------------------------|-----------|------------------------------------|------------|----------------|---------------------|--------------|--------------|
| <u>LOOP ID - 2000A</u> | | | | | <u>>1</u> | | |
| <u>LOOP ID - 2100A</u> | | | | | <u>1</u> | | |
| 030 | NM1 | Information Source Name | M | 1 | | | Required |
| <u>LOOP ID - 2000B</u> | | | | | <u>>1</u> | | |
| <u>LOOP ID - 2100B</u> | | | | | <u>1</u> | | |
| 030 | NM1 | Information Receiver Name | M | 1 | | | Required |
| <u>LOOP ID - 2000C</u> | | | | | <u>>1</u> | | |
| <u>LOOP ID - 2100C</u> | | | | | <u>1</u> | | |
| 030 | NM1 | Subscriber Name | M | 1 | | | Required |
| 100 | DMG | Subscriber Demographic Information | O | 1 | | | Situational |
| 120 | DTP | Subscriber Date | O | 2 | | | Situational |

ISA Interchange Control Header

| | |
|-------------------------|--------------|
| Pos: | Max: 1 |
| Not Defined - Mandatory | |
| Loop: N/A | Elements: 16 |

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| ISA01 | I01 | Authorization Information Qualifier | M | ID | 2/2 | Required |

Description: Code to identify the type of information in the Authorization Information

CodeList Summary (Total Codes: 7, Included: 2)

Code Name

00 No Authorization Information Present (No Meaningful Information in I02)

03 Additional Data Identification

| | | | | | | |
|-------|-----|----------------------------------|---|----|-------|----------|
| ISA02 | I02 | Authorization Information | M | AN | 10/10 | Required |
|-------|-----|----------------------------------|---|----|-------|----------|

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

| | | | | | | |
|-------|-----|---------------------------------------|---|----|-----|----------|
| ISA03 | I03 | Security Information Qualifier | M | ID | 2/2 | Required |
|-------|-----|---------------------------------------|---|----|-----|----------|

Description: Code to identify the type of information in the Security Information

CodeList Summary (Total Codes: 2, Included: 2)

Code Name

00 No Security Information Present (No Meaningful Information in I04)

01 Password

| | | | | | | |
|-------|-----|-----------------------------|---|----|-------|----------|
| ISA04 | I04 | Security Information | M | AN | 10/10 | Required |
|-------|-----|-----------------------------|---|----|-------|----------|

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

| | | | | | | |
|-------|-----|---------------------------------|---|----|-----|----------|
| ISA05 | I05 | Interchange ID Qualifier | M | ID | 2/2 | Required |
|-------|-----|---------------------------------|---|----|-----|----------|

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Guideline Note 5: *This ID qualifies the Sender in ISA06.*

State Specific Note 1:

2003-10-01 - ND - Enter the value 'ZZ',

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|---|----------------|--------------|
| | | <i>mutually defined.</i> | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | 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 Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |
| | | ZZ | | Mutually Defined | | |
| ISA06 | I06 | Interchange Sender ID | M | AN | 15/15 | Required |
| | | Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element | | | | |
| | | State Specific Note 1: | | | | |
| | | <i>2003-10-01 - ND - Enter 'NDDHSMED'</i> | | | | |
| ISA07 | I05 | Interchange ID Qualifier | M | ID | 2/2 | Required |
| | | Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified | | | | |
| | | Guideline Note 5: <i>This ID qualifies the Receiver in ISA08.</i> | | | | |
| | | State Specific Note 1: | | | | |
| | | <i>2003-10-01 - ND - Enter the value 'ZZ', mutually defined.</i> | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | 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 Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |
| | | ZZ | | Mutually Defined | | |

| | | | | | | |
|-------|-----|--|---|----|-------|----------|
| ISA08 | I07 | Interchange Receiver ID | M | AN | 15/15 | Required |
| | | <p>Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them</p> <p>State Specific Note 1: 2003-10-01 - ND - Enter the 9-digit vendor number assigned by ND DHS</p> | | | | |
| ISA09 | I08 | Interchange Date | M | DT | 6/6 | Required |
| | | <p>Description: Date of the interchange</p> <p>Guideline Note 5: The date format is YYYYMMDD.</p> | | | | |
| ISA10 | I09 | Interchange Time | M | TM | 4/4 | Required |
| | | <p>Description: Time of the interchange</p> <p>Guideline Note 5: The time format is HHMM.</p> | | | | |
| ISA11 | I10 | Interchange Control Standards Identifier | M | ID | 1/1 | Required |
| | | <p>Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer</p> <p>CodeList Summary (Total Codes: 1, Included: 1)</p> <p>Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS</p> | | | | |
| ISA12 | I11 | Interchange Control Version Number | M | ID | 5/5 | Required |
| | | <p>Description: Code specifying the version number of the interchange control segments</p> <p>CodeList Summary (Total Codes: 14, Included: 1)</p> <p>Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p> | | | | |
| ISA13 | I12 | Interchange Control Number | M | N0 | 9/9 | Required |
| | | <p>Description: A control number assigned by the interchange sender</p> <p>Guideline Note 5: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</p> | | | | |
| ISA14 | I13 | Acknowledgment Requested | M | ID | 1/1 | Required |
| | | <p>Description: Code sent by the sender to request an interchange acknowledgment</p> | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | (TA1) Guideline Note 5: See Section A.1.5.1 for interchange acknowledgment information. CodeList Summary (Total Codes: 2, Included: 2) Code Name 0 No Acknowledgment Requested 1 Interchange Acknowledgment Requested | | | | |
| ISA15 | I14 | Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information CodeList Summary (Total Codes: 3, Included: 2) Code Name P Production Data T Test Data | M | ID | 1/1 | Required |
| ISA16 | I15 | Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator State Specific Note 1: 2003-10-01 - ND - ND will send ":" (colon) sign as the Composite Element Separator, the "*" (star) as the Element Separator, and the "~" (tilde) as the Segment Terminator. | M | | 1/1 | Required |

Guideline Note 1:
The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Guideline Note 2:
*ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1*T*~*

GS Functional Group Header

| | |
|-------------------------|-------------|
| Pos: | Max: 1 |
| Not Defined - Mandatory | |
| Loop: N/A | Elements: 8 |

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|--|-----------|------------------------------------|------------|-------------|----------------|--------------|
| GS01 | 479 | Functional Identifier Code | M | ID | 2/2 | Required |
| <p>Description: Code identifying a group of application related transaction sets</p> <p>CodeList Summary (Total Codes: 240, Included: 1)</p> <p>Code Name HS Eligibility, Coverage or Benefit Inquiry (270)</p> | | | | | | |
| GS02 | 142 | Application Sender's Code | M | AN | 2/15 | Required |
| <p>Description: Code identifying party sending transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit sending the information.</p> <p>State Specific Note 1: 2003-10-01 - ND - Enter the same value as ISA06 "NDDHSMED".</p> | | | | | | |
| GS03 | 124 | Application Receiver's Code | M | AN | 2/15 | Required |
| <p>Description: Code identifying party receiving transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit receiving the information.</p> <p>State Specific Note 1: 2003-10-01 - ND - Enter the same value as ISA08, the 9-digit vendor number assigned by NDDHS.</p> | | | | | | |
| GS04 | 373 | Date | M | DT | 8/8 | Required |
| <p>Description: Date expressed as CCYYMMDD</p> <p>Guideline Note 5: Use this date for the functional group creation date.</p> | | | | | | |
| GS05 | 337 | Time | M | TM | 4/8 | Required |
| <p>Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as</p> | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | follows: D = tenths (0-9) and DD = hundredths (00-99) Guideline Note 5: Use this time for the creation time. The recommended format is HHMM. | | | | |
| GS06 | 28 | Group Control Number Description: Assigned number originated and maintained by the sender | M | N0 | 1/9 | Required |
| GS07 | 455 | Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 CodeList Summary (Total Codes: 2, Included: 1) Code Name X Accredited Standards Committee X12 | M | ID | 1/2 | Required |
| GS08 | 480 | Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed State Specific Note 1: 2003-10-01 - ND - Enter the value "004010X092A1". CodeList Summary (Total Codes: 48, Included: 1) Code Name 004010X09 2A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. | M | AN | 1/12 | Required |

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Guideline Note 2:

GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~

ST Transaction Set Header

| | |
|---------------------|-------------|
| Pos: 010 | Max: 1 |
| Heading - Mandatory | |
| Loop: N/A | Elements: 2 |

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------------------|------------|-------------|----------------|--------------|
| ST01 | 143 | Transaction Set Identifier Code | M | ID | 3/3 | Required |

Description: Code uniquely identifying a Transaction Set

Guideline Note 3: Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

State Specific Note 1:
2003-10-01 - ND - Enter the value "270".

CodeList Summary (Total Codes: 298, Included: 1)

| <u>Code</u> | <u>Name</u> |
|-------------|--|
| 270 | Eligibility, Coverage or Benefit Inquiry |

| | | | | | | |
|------|-----|--------------------------------|---|----|-----|----------|
| ST02 | 329 | Transaction Set Control Number | M | AN | 4/9 | Required |
|------|-----|--------------------------------|---|----|-----|----------|

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

Guideline Note 3: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Guideline Note 1:

1. Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.

Guideline Note 2:

ST*270*0001~

NM1 Information Source Name

| | |
|--------------------|-------------|
| Pos: 030 | Max: 1 |
| Detail - Mandatory | |
| Loop: 2100A | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|-------------|----------------|--------------|
| NM101 | 98 | Entity Identifier Code | M | ID | 2/3 | Required |

Description: Code identifying an organizational entity, a physical location, property or an individual

State Specific Note 1:

2003-10-01 - ND - Enter the value "PR" (payer).

CodeList Summary (Total Codes: 1312, Included: 5)

Code Name

- 2B Third-Party Administrator
- 36 Employer
- GP Gateway Provider

Description: Identifies a gateway access provider

- P5 Plan Sponsor
- PR Payer

| | | | | | | |
|-------|------|-----------------------|---|----|-----|----------|
| NM102 | 1065 | Entity Type Qualifier | M | ID | 1/1 | Required |
|-------|------|-----------------------|---|----|-----|----------|

Description: Code qualifying the type of entity

Guideline Note 3: Use this code to indicate whether the entity is an individual person or an organization.

State Specific Note 1:

2003-10-01 - ND - Enter the value "2" if non-person entity.

CodeList Summary (Total Codes: 14, Included: 2)

Code Name

- 1 Person
- 2 Non-Person Entity

| | | | | | | |
|-------|------|--------------------------------|---|----|------|-------------|
| NM103 | 1035 | Name Last or Organization Name | O | AN | 1/35 | Situational |
|-------|------|--------------------------------|---|----|------|-------------|

Description: Individual last name or organizational name

Guideline Note 1: Information Source Last or Organization Name

Guideline Note 3: Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <p>name. Use if name information is needed to identify the source of eligibility or benefit information.</p> <p>State Specific Note 1: 2003-10-01 - ND - Enter the values of "Medicaid", "HCBC", "CSHS", "BCAP", or "DD".</p> | | | | |
| NM104 | 1036 | <p>Name First</p> <p>Description: Individual first name</p> <p>Guideline Note 1: Information Source First Name</p> <p>Guideline Note 3: Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.</p> | O | AN | 1/25 | Situational |
| NM105 | 1037 | <p>Name Middle</p> <p>Description: Individual middle name or initial</p> <p>Guideline Note 1: Information Source Middle Name</p> <p>Guideline Note 3: Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.</p> | O | AN | 1/25 | Situational |
| NM107 | 1039 | <p>Name Suffix</p> <p>Description: Suffix to individual name</p> <p>Guideline Note 1: Information Source Name Suffix</p> <p>Guideline Note 3: Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.</p> | O | AN | 1/10 | Situational |
| NM108 | 66 | <p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>Guideline Note 3: Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.</p> <p>State Specific Note 1: 2003-10-01 - ND - Enter the value "FI" (Federal Taxpayer Identification Number).</p> <p>CodeList Summary (Total Codes: 215, Included: 7)</p> | C | ID | 1/2 | Required |

Code Name

| | |
|----|--|
| 24 | Employer's Identification Number |
| 46 | Electronic Transmitter Identification Number (ETIN) Description: <i>A unique number assigned to each transmitter and software developer</i> |
| FI | Federal Taxpayer's Identification Number |
| NI | National Association of Insurance Commissioners (NAIC) Identification |
| PI | Payor Identification |
| XV | Health Care Financing Administration National Payer Identification Number (PAYERID) Description: <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> |
| XX | Health Care Financing Administration National Provider Identifier Description: <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i> |

NM109 67 **Identification Code** C AN 2/80 Required

Description: Code identifying a party or other code

Guideline Note 1: *Information Source Primary Identifier*

Guideline Note 3: *Use this reference number as qualified by the preceding data element (NM108).*

State Specific Note 1:

2003-10-01 - ND - Enter the value "45-0431266" for Medicaid, HCBC, CSHS, BCAP, or DD.

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Guideline Note 1:

1. Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).

Guideline Note 2:

NM1*PR*2*ACE INSURANCE COMPANY*****PI*87728~

NM1 Information Receiver Name

| | |
|--------------------|-------------|
| Pos: 030 | Max: 1 |
| Detail - Mandatory | |
| Loop: 2100B | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-------------------------------|------------|-------------|----------------|--------------|
| NM101 | 98 | Entity Identifier Code | M | ID | 2/3 | Required |

Description: Code identifying an organizational entity, a physical location, property or an individual

CodeList Summary (Total Codes: 1312, Included: 8)

Code Name

- 1P Provider
- 2B Third-Party Administrator
- 36 Employer
- 80 Hospital

Description: *An institution where the ill or injured may receive medical treatment*

- FA Facility
- GP Gateway Provider

Description: *Identifies a gateway access provider*

- P5 Plan Sponsor
- PR Payer

| | | | | | | |
|-------|------|------------------------------|---|----|-----|----------|
| NM102 | 1065 | Entity Type Qualifier | M | ID | 1/1 | Required |
|-------|------|------------------------------|---|----|-----|----------|

Description: Code qualifying the type of entity

Guideline Note 3: *Use this code to indicate whether the entity is an individual person or an organization.*

CodeList Summary (Total Codes: 14, Included: 2)

Code Name

- 1 Person
- 2 Non-Person Entity

| | | | | | | |
|-------|------|---------------------------------------|---|----|------|-------------|
| NM103 | 1035 | Name Last or Organization Name | O | AN | 1/35 | Situational |
|-------|------|---------------------------------------|---|----|------|-------------|

Description: Individual last name or organizational name

Guideline Note 1: *Information Receiver Last or Organization Name*

Guideline Note 3: *Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or*

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|--|------------|-------------|----------------|--------------|
| | | <i>benefit information.</i> | | | | |
| NM104 | 1036 | Name First Description: Individual first name Guideline Note 1: <i>Information Receiver First Name</i> Guideline Note 3: <i>Use this name only if NM102 is "1".</i> | O | AN | 1/25 | Situational |
| NM105 | 1037 | Name Middle Description: Individual middle name or initial Guideline Note 1: <i>Information Receiver Middle Name</i> Guideline Note 3: <i>Use this name only if NM102 is "1".</i> | O | AN | 1/25 | Situational |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name Guideline Note 1: <i>Information Receiver Name Suffix</i> Guideline Note 3: <i>Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use this only if NM102 is "1".</i> | O | AN | 1/10 | Situational |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Guideline Note 3: <i>Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID.</i> | C | ID | 1/2 | Required |
| CodeList Summary (Total Codes: 215, Included: 8) | | | | | | |
| Code Name | | | | | | |
| 24 Employer's Identification Number | | | | | | |
| 34 Social Security Number | | | | | | |

Code Name

- FI Federal Taxpayer's Identification Number
- PI Payor Identification
- PP Pharmacy Processor Number
Description: *Unique number assigned to each pharmacy for submitting claims*
- SV Service Provider Number
- XV Health Care Financing Administration National Payer Identification Number (PAYERID)
- XX Health Care Financing Administration National Provider Identifier
Description: *Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*

NM109 67 **Identification Code** C AN 2/80 Required

Description: Code identifying a party or other code

Guideline Note 1: *Information Receiver Identification Number*

Guideline Note 3: *Use this reference number as qualified by the preceding data element (NM108).*

State Specific Note 1:
 2003-10-01 - ND - ND Medicaid Provider Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Guideline Note 1:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).

Guideline Note 2:

*NM1*1P*1*JONES*MARCUS***MD*34*111223333~*

NM1 Subscriber Name

| | |
|--------------------|-------------|
| Pos: 030 | Max: 1 |
| Detail - Mandatory | |
| Loop: 2100C | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|-------------|----------------|--------------|
| NM101 | 98 | Entity Identifier Code | M | ID | 2/3 | Required |

Description: Code identifying an organizational entity, a physical location, property or an individual

CodeList Summary (Total Codes: 1312, Included: 1)

Code Name

IL Insured or Subscriber

| | | | | | | |
|-------|------|-----------------------|---|----|-----|----------|
| NM102 | 1065 | Entity Type Qualifier | M | ID | 1/1 | Required |
|-------|------|-----------------------|---|----|-----|----------|

Description: Code qualifying the type of entity

Guideline Note 3: Use this code to indicate whether the entity is an individual person or an organization.

CodeList Summary (Total Codes: 14, Included: 1)

Code Name

1 Person

| | | | | | | |
|-------|------|--------------------------------|---|----|------|-------------|
| NM103 | 1035 | Name Last or Organization Name | O | AN | 1/35 | Situational |
|-------|------|--------------------------------|---|----|------|-------------|

Description: Individual last name or organizational name

Guideline Note 1: Subscriber Last Name

Guideline Note 3: Use this name for the subscriber's last name.

Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

State Specific Note 1:

2003-10-01 - ND - ND Medicaid recipient last name.

| | | | | | | |
|-------|------|------------|---|----|------|-------------|
| NM104 | 1036 | Name First | O | AN | 1/25 | Situational |
|-------|------|------------|---|----|------|-------------|

Description: Individual first name

Guideline Note 1: Subscriber First Name

Guideline Note 3: Use this name for the subscriber's first name.

Use this name if the subscriber is the

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | | | |
|-------------|------------------------------|--|-------------|-------------|----------------|------------------------------|----|------------------|---|----|-----|-------------|
| | | <p><i>patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.</i></p> <p>State Specific Note 1: <i>2003-10-01 - ND - ND Medicaid recipient first name.</i></p> | | | | | | | | | | |
| NM105 | 1037 | <p>Name Middle</p> <p>Description: Individual middle name or initial</p> <p>Guideline Note 3: <i>Use this name for the subscriber's middle name or initial. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.</i></p> | O | AN | 1/25 | Situational | | | | | | |
| NM107 | 1039 | <p>Name Suffix</p> <p>Description: Suffix to individual name</p> <p>Guideline Note 1: <i>Subscriber Name Suffix</i></p> <p>Guideline Note 3: <i>Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.</i></p> | O | AN | 1/10 | Situational | | | | | | |
| NM108 | 66 | <p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>Guideline Note 3: <i>Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber.</i></p> <p><i>Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.</i></p> <p>State Specific Note 1: <i>2003-10-01 - ND - Enter the value "MI" (member identification number).</i></p> <p>CodeList Summary (Total Codes: 215, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>MI</td> <td>Member Identification Number</td> </tr> <tr> <td>ZZ</td> <td>Mutually Defined</td> </tr> </tbody> </table> | <u>Code</u> | <u>Name</u> | MI | Member Identification Number | ZZ | Mutually Defined | C | ID | 1/2 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | |
| MI | Member Identification Number | | | | | | | | | | | |
| ZZ | Mutually Defined | | | | | | | | | | | |
| NM109 | 67 | <p>Identification Code</p> <p>Description: Code identifying a party or other code</p> | C | AN | 2/80 | Situational | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | Guideline Note 1: <i>Subscriber Primary Identifier</i> | | | | |
| | | Guideline Note 3: <i>Use this reference number as qualified by the preceding data element (NM108).</i> | | | | |
| | | <i>Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.</i> | | | | |
| | | State Specific Note 1: <i>2003-10-01 - ND - ND Medicaid Recipient Number</i> | | | | |

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Guideline Note 1:

1. Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.

2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Guideline Note 2:

*NM1*IL*1*SMITH*JOHN*L***34*44411555~*

DMG Subscriber Demographic Information

| | |
|-------------------|-------------|
| Pos: 100 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To supply demographic information

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------------|------------|-------------|----------------|--------------|
| DMG01 | 1250 | Date Time Period Format Qualifier | C | ID | 2/3 | Situational |

Description: Code indicating the date format, time format, or date and time format

Guideline Note 3: Use this code to indicate the format of the date of birth that follows in DMG02.

Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

CodeList Summary (Total Codes: 39, Included: 1)

Code Name

D8 Date Expressed in Format CCYYMMDD

| | | | | | | |
|-------|------|------------------|---|----|------|-------------|
| DMG02 | 1251 | Date Time Period | C | AN | 1/35 | Situational |
|-------|------|------------------|---|----|------|-------------|

Description: Expression of a date, a time, or range of dates, times or dates and times

Guideline Note 1: Subscriber Birth Date

Guideline Note 3: Use this date for the date of birth of the individual.

Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

State Specific Note 1:

2003-10-01 - ND - ND recipient date of birth.

| | | | | | | |
|-------|------|-------------|---|----|-----|-------------|
| DMG03 | 1068 | Gender Code | O | ID | 1/1 | Situational |
|-------|------|-------------|---|----|-----|-------------|

Description: Code indicating the sex of the individual

Guideline Note 1: Subscriber Gender Code

Guideline Note 3: Use this code to indicate the subscriber's gender.

Use if information is known and will assist in identification of the person named,

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <i>particularly when not utilizing the HIPAA search option.</i> | | | | |
| | | State Specific Note 1: <i>2003-10-01 - ND - Enter value "F" or "M".</i> | | | | |
| | | CodeList Summary (Total Codes: 7, Included: 2) | | | | |
| | | Code | | Name | | |
| | | F | | Female | | |
| | | M | | Male | | |

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Guideline Note 1:

1. Use this segment when needed to convey birth date or gender demographic information for the subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Guideline Note 2:

*DMG*D8*19430917*M~*

DTP Subscriber Date

| | |
|-------------------|-------------|
| Pos: 120 | Max: 2 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| DTP01 | 374 | Date/Time Qualifier | M | ID | 3/3 | Required |

Description: Code specifying type of date or time, or both date and time

Guideline Note 1: *Date Time Qualifier*

Guideline Note 3: *Only one of the following codes may be used per request: 307 -Eligibility, 435 - Admission or 472 - Service.*

State Specific Note 1:

2003-10-01 - ND - Enter the value "307" (Eligibility), "435" (Admission), or "472" (Service).

CodeList Summary (Total Codes: 1112, Included: 4)

Code Name

102 Issue

307 Eligibility

Description: *Range of dates when the subscriber or dependent were eligible for benefits*

435 Admission

Description: *Date of entrance to a health care establishment*

472 Service

| | | | | | | |
|-------|------|-----------------------------------|---|----|-----|----------|
| DTP02 | 1250 | Date Time Period Format Qualifier | M | ID | 2/3 | Required |
|-------|------|-----------------------------------|---|----|-----|----------|

Description: Code indicating the date format, time format, or date and time format

CodeList Summary (Total Codes: 39, Included: 2)

Code Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: *A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date*

| | | | | | | |
|-------|------|------------------|---|----|------|----------|
| DTP03 | 1251 | Date Time Period | M | AN | 1/35 | Required |
|-------|------|------------------|---|----|------|----------|

Description: Expression of a date, a time, or range of dates, times or dates

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | and times | | | | |
| | | Guideline Note 3: Use this date for the date(s) as qualified by the preceding data elements. | | | | |
| | | State Specific Note 1: 2003-10-01 - ND - If DTP02 = "D8", then date is expressed in format CCYYMMDD. If DTP02="RD8", then range of dates is expressed in format CCYYMMDD-CCYYMMDD. | | | | |

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Guideline Note 1:

1. Use this segment to convey the eligibility, service or admission date(s) for the subscriber or for the issue date of the subscriber's identification card for the information source (e.g., Medicaid ID card). Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.
2. When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Inquiry (EQ) loops that follow. If there is a need to supply a different Eligibility, Admission or Service date for a specific EQ loop, it must be provided in the DTP segment within the EQ loop and it will only apply to that EQ loop.

Guideline Note 2:

DTP*102*D8*19950818~