# HIPAA Transaction Standard Companion Guide

Refers to the TR3 Guides Based on ASC X12 version 005010

ANSI X12 270/271 Version 005010X212 Health Care Eligibility and Benefit Inquiry and Response and ANSIX12 276/277 Version 005010X212 Health Care Claim Status Request and Response

Real-time

# Disclosure Statement

MVP Health Care's goal is to ensure that our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by the United States Department of Health and Human Services (DHHS). Additionally, MVP Health Care is committed to maintaining the integrity and security of health care data in accordance with all applicable laws and regulations.

All instructions in this document were written using information known at the time of publication and may change. The most up-to-date version of the Companion Guide is available on the MVP Health Care Web site (http://www.mvphealthcare.com). Please be sure that any printed version you use is the same as the latest version available at the MVP Health Care Web site.

# Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MVP Health Care. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:

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# 1. INTRODUCTION

This companion guide provides guidance for the use of ASC X12 version 5010 270/271 and 276/277 transactions with MVP Health Care. It includes information on set up and communications, how to use the real-time transactions and specific transaction segment detail (transaction tables). This information is provided to supplement (not replace) the 5010 TR3 instructions. The transaction tables detail information that may:

1. Specify a sub-set of the TR3 internal code listings
2. Clarify the use of loops, segments, composite and simple data elements
3. Specify any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with MVP Health Care

They include a row for each segment and one or more additional rows used to describe MVP Health Care's usage for composite and simple data elements and for any other information. Notes and comments can be found in description fields.

## 1.1. SCOPE

The purpose of this document is to provide the information necessary to submit Health Care Benefit Inquiry transactions *for real-time* that are submitted electronically to MVP Health Care. The HIPAA TR3s can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com.

## 1.2. OVERVIEW

This document provides information to assist in establishing the real-time 270/271 and 276/277 transactions with MVP Health Care. Its contents include information about trading partner set up and enrollment (section 2), establishing connectivity (section 4), understanding transaction detail (sections 6 and 10) and contact information (section 5). For a full listing of all sections of this companion guide, please refer to the Table of Contents.

## 1.3. REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to.

Workgroup for Electronic Data Interchange (WEDI) – **https://www.wedi.org**

United States Department of Health and Human Services (DHHS) – **http: https://www.hhs.gov/**

Centers for Medicare and Medicaid Services (CMS) – **https://www.cms.gov/**

National Council of Prescription Drug Programs (NCPDP) – **https://www.ncpdp.org/**

National Uniform Billing Committee (NUBC) – **https://www.nubc.org/**

Accredited Standards Committee (ASC X12) – **https://www.x12.org/**

## 1.4. ADDITIONAL INFORMATION

This Companion Guide assumes the reader is familiar with the 270/271 Health Care Eligibility and Benefits Inquiry/Response transactions and the 276/277 Health Care Claim Status Request and Response.

There are many benefits and advantages to using electronic transactions. Primary benefits include an overall reduction in manual effort required to conduct the transaction. This saves time, improves efficiency and accuracy, and ultimately saves costs. In addition, standardization of key electronic transactions within the health care industry has eliminated the need for providers/facilities to adapt to numerous proprietary formats. Electronic data exchanges should be consistent between providers/facilities and health care payers for such transactions.

# 2. GETTING STARTED

## 2.1. WORKING WITH MVP HEALTH CARE

MVP utilizes Axiom's TransShuttle application. It is a secure, internet-based system for trading partners that allows for real-time and batch submissions of 270 and 276 transactions.

***Realtime:*** Real-time operations may be performed using interactive services, SoapUI, with CAQH CORE IV or CORE II standard protocols.

## 2.2. TRADING PARTNER REGISTRATION

Please contact MVP's EDI Services Department to request a unique User ID and passcode for the resource that will be providing 270 and/or 276 information to MVP.

Email: EDIServices@mvphealthcare.com

Phone: 1-877-461-4911

## 2.3. ENROLL IN MVP TRANSSHUTTLE REAL-TIME

Please contact MVP's EDI Services Department to request a unique User ID and passcode for the resource that will be providing 270 and/or 276 information to MVP.

Email: EDIServices@mvphealthcare.com

Phone: 1-877-461-4911

## 2.4 CERTIFICATION AND TESTING OVERVIEW

Please contact EDI Service for additional information
Email: EDIServices@mvphealthcare.com

Phone: 1-877-461-4911

Testing overview see 3.0

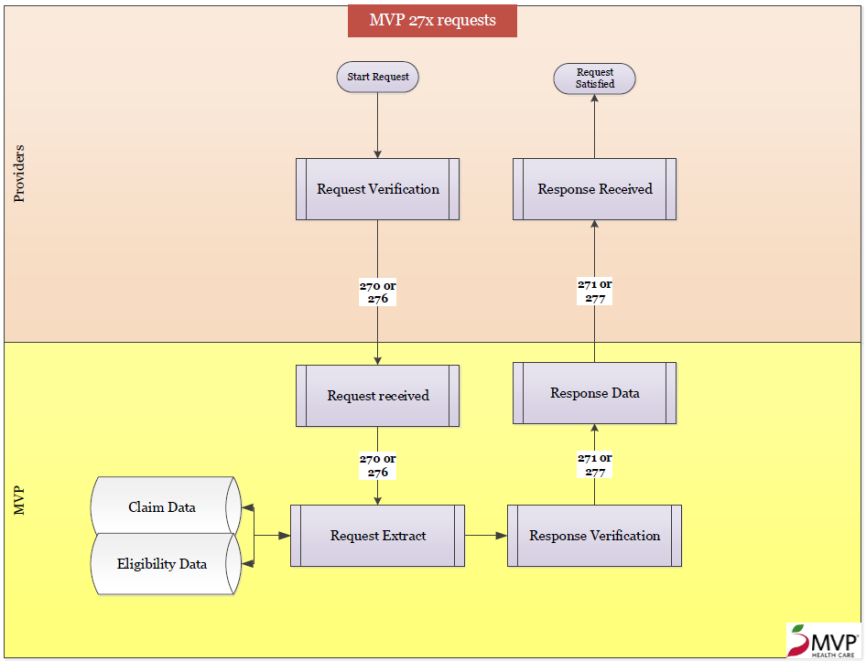
# 3. TESTING WITH MVP

Testing should be completed with MVP's **EDI Services** Department.

Email: EDIServices@mvphealthcare.com
Phone: 1-877-461-4911

# 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

## 4.1. PROCESS FLOW




## 4.2. TRANSMISSION ADMINISTRATIVE PROCEDURES (270/271)

The 270 Health Care Benefit Inquiry Request is designed to provide eligibility benefit information for subscribers and their dependents. Eligibility benefit information receivers should submit using the following criteria:

- Table 2 – Subscriber Level Detail will contain information on the requested individual. This individual can be either the subscriber or a dependent. (Loops 2100C and 2110C).

- Table 2 – Dependent Level Detail (Loops 2100D and 2110D) are **not** required. **Please do not send since MVP Members all have unique identifiers and must be reported in Loop 2100C and 2110C.**

- MVP search criteria (for subscriber/dependent validation) are:

Primary Search:

**Required:**

Patient's Member ID

Patient's First Name

Patient's Last Name

Patient's Date of Birth

Secondary Searches:

**Member ID/Date of Birth/Last Name Search Option**

Patient's Member ID Number

Patient's Date of Birth

Patient's Last Name

**Member ID/Name Search Option**

Patient's Member ID Number

Patient's First Name

Patient's Last Name

** Dates of Eligibility/Service (2100C – DTP03 or 2110C – DTP03) will be used for benefit information lookup, once the member has been uniquely identified.

** If the Eligibility/Service dates are not available, MVP will default to current processed date.

** Submitting requests with all of the above criteria fields will increase eligibility search success rate.

The 271, Health Care Benefit Information Response transaction is used to provide eligibility and benefit information back to the information receiver. MVP will provide the following level of detail:

| |
|---|
| • Benefit and eligibility information for the requested individual will be returned in Table 2 – Subscriber Level Detail. The requested individual can be either the subscriber or a dependent. |
| • MVP will provide co-payment and primary care provider information. |
| • The following reject reason codes are possible in the Subscriber – Request Validation Segment (Loop 2100C, Segment AAA, Element AAA03). |
| 15 Required Application Data Missing<br>58 Invalid/Missing Date of Birth<br>42 Unable to Respond at Current Time<br>62 Date of Service Not Within Allowable Inquiry Period<br>64 Invalid/Missing Patient ID<br>65 Invalid/Missing Patient Name<br>66 Invalid/Missing Patient Gender Code<br>67 Patient Not Found<br>68 Duplicate Patient ID Number<br>71 Pt Birth Date Does Not Match Patient DOB in Database<br>72 Invalid/Missing Subscriber/Insured ID<br>73 Invalid/Missing Subscriber/Insured Name<br>74 Invalid/Missing Subscriber/Insured Gender Code<br>75 Subscriber / Insured Not Found<br>76 Duplicate Subscriber/Insured ID Number<br>77 Subscriber Found, Patient Not Found<br>78 Subscriber/Insured Not in Group/Plan Identified |

## 4.3. TRANSMISSION ADMINISTRATIVE PROCEDURES (276/277)

The 276 Health Care Claim Status Request is designed to provide claim status information for patient claims previously submitted to MVP. Since MVP assigns a unique member ID number to subscribers and

their dependents the use of the dependent loop is not required and should not be sent. Use of the subscriber loop for both subscriber and dependents is required**.**

It is recommended trading partners submit the X12 276 data with the equivalent of:

- A **Patient ID** in the NM1 segment of HL22 Subscriber Level (Loop 2000D) – the NM108 should equal MI and the NM109 should equal the patient's **Member ID** number

- **Rendering Provider ID** (or Billing where applicable) in the NM1 segment of HL19 Provider Level (Loop 2000C) – the NM108 should equal XX and the NM109 should equal the **National Provider Identifier (NPI)**

| |
|---|
| • Table 2 – Subscriber Level Detail will contain information on the patient claim. This claim can be for the subscriber or dependent. (Loops 2000D, 2100D and 2200D). |
| • Table 2 – Dependent Level Detail (Loops 2100E and 2110E and 2200E) is not required. Do not send. MVP Members all have unique identifiers and must be reported in Loops 2000D, 2100D and 2200D. |
| |
| • MVP processes claim level and service level requests from information receivers. |
| |
| • MVP provider validation |
| 1. Match **Rendering Provider NPI (or Billing where applicable)** in the NM1 segment of HL19 Provider Level Loop (2000C Loop) to Rendering MVP Provider ID attached to Patient MVP Claim. |
| |
| • MVP search criteria patient validation are: |
| 1. Patient Identifier *(Loop 2100D – NM109)*<br>2. Patient First Name *(Loop 2100D – NM104)*<br>3. Patient Date of Birth *(Loop 2000D – DMG02)* |
| |
| • MVP search criteria for claim level validation are: |
| 1. Find Patient using search criteria above<br>*2.* Provider Identifier *(Loop 2100C – NM109)*<br>*3. a)* Claim Dates *(Loop 2200D - DTP02 qualifier 232)*<br>b) Total charges (*Loop 2200D - AMT02 qualifier T3)*<br>*or*<br>c) Payer Claim Control Number *(Loop 2200D – REF02 qualifier 1K)*<br>*Note: all Searches include MVP Provider ID validation (Loop 2100C – NM109)* |
| |
| • MVP search criteria for line level validation are: |

| |
|---|
| 1. Find Patient using search criteria above<br>2. Provider Identifier (Loop 2100C – NM109)<br>3. Service Date (Loop 2210D - DTP02 qualifier 472)<br>4. Service Line Procedure Code *(Loop 2210D – SVC01-2) or Revenue Code (Loop 2210D – SVC04)*<br>5. Service Line Charge Amounts *(Loop 2210D – SVC02)* |

The 277 Health Care Claim Status Response transactions are used to provide claim status information back to the information receiver. MVP will provide the following level of detail:

| |
|---|
| • Table 2 – Subscriber Level Detail information (if appropriate) |
| |
| • Claim Level and Service Line information (if appropriate) |

## 4.4 RE-TRANSMISSION PROCEDURE

MVP will reject 270 and 276 transactions that fail HIPAA compliance validation at SNIP Levels 1 or 2. Rejected transactions at this level should be reviewed, corrected, and resubmitted for processing.

Compliance validation errors will be reported in the 999 Implementation Acknowledgement transactions. The compliance edits are based on the ANSI ASC X12N Technical Report Type 3 (TR3 Implementation Guide) requirements for the 5010 Errata version of the transaction. Validation at SNIP Levels 1 and 2 include the following:

Level 1 (X12 Syntax Integrity)

- Valid Segments
- Segment Order
- Data Element Attributes
- Numeric Validation
- X12 Syntax Validation
- X12 Rules

Level 2 (HIPAA Syntactical Requirement Testing)

- Repeat counts
- Used & Not Used Codes
- Elements and Segments
- Required or Intra-segment Situational Data Elements
- Validation of Non-medical Codes contained within TR3 Codes Referenced within the TR3 Guides

Although most dates submitted in the 270 and 276 transaction will be validated as part of the Level 1 edits, one exception applies. CORE Phase II requires invalid dates of birth to be returned using AAA code 58.

Transactions passing the preceding validation edits will be processed. Any subsequent errors identified will be reported in the 271 and 277 transactions through one or more AAA errors. Please consult the 271 or the 277 TR3 Guide to determine what needs to be done for the specific AAA error reported. In some cases data may need to be corrected and resubmitted, and in other cases the AAA error may signify completion of the response in its entirety.

## 4.5 COMMUNICATION PROTOCOL SPECIFICATIONS

## Trading Partner Architecture Requirements

SOAP

SOAP is not a software requirement for trading partners that are sending batch requests to MVP. If a trading partner (TP) elects to perform real-time inquiries, then the preferred method to test would be SoapUI.

**PASSWORDS**

CORE II Real-Time Services: MVP requires trading partners to register with the **EDI Services** Department and once registered MVP will provide a URL and username for real-time, non-batch services via email. Within that email there will be a link, which states "Click this link to set your initial password."

If a password reset is needed for any reason, please contact MVP's **EDI Services** Department.

## 4.6 CORE IV REAL-TIME CONNECTIVITY

This process is available to the Trading Partner that plans on building an application that will NOT require a logon to the MVP Web. A certificate will be provided by MVP. MVP will guide the Trading Partner through the process of acquiring a certificate.

## 4.7 CORE II REAL-TIME CONNECTIVITY

This process is available to the Trading Partner that plans on building an application that WILL require a user ID and Password to the MVP Web. No certificate will be required.

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## 4.8 DELIMITERS SUPPORTED

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA.

The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

| Description | Default Delimiter |
|---|---|
| Data element separator | * Asterisk |
| Sub-element separator | : Colon |
| Repetition separator | ^ Carrot |
| Segment Terminator | ~ Tilde |

MVP will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

## 4.9 MAXIMUM LIMITATIONS

It is required that the 270 transaction contain only one patient request when using the transaction in real-time mode.

## 4.10 DOWNTIME

MVP Health Care has regular scheduled maintenance weekends. See EDI Information and Guides under EDI Routine Maintenance Schedule https://www.mvphealthcare.com/providers/reference-library/#edi-information-and-guides see **Upcoming Planned Downtime.pdf.**

The above is not all inclusive and can vary. In the event that there is unscheduled downtime or a date has changed MVP will notify all Trading Partners via email.

# 5 CONTACT INFORMATION

## 5.1 EDI CUSTOMER SERVICE

This companion guide supports the receipt of the 270, Health Care Benefit Inquiry Request, 276 Health Care Claim Status Request and the 271, Health Care Benefit Inquiry Response, 276, Health Care Claim Status Response in real-time.

MVP Health Care eligibility transactions are facilitated by MVP utilizing Axiom's TransShuttle software, a free service. Please contact your MVP EDI Services representative for instructions on communications, testing and implementation. They can also be contacted at:

Email: EDIServices@mvphealthcare.com Phone: 1-877-461-4911

## 5.2 EDI TECHNICAL ASSISTANCE

Email: EDIServices@mvphealthcare.com

Phone: 1-877-461-4911

## 5.3 PROVIDER SERVICE NUMBER

MVP Contact Number – Claim Status, Eligibility, and Benefits

MVP Customer Care Center for Provider Services

Phone: 1-800-684-9286

## 5.4 APPLICABLE WEBSITES/E-MAIL

Website: www.MVPHealthCare.com

Email: EDIServices@mvphealthcare.com

# 6 CONTROL SEGMENTS/ENVELOPES

## 6.1 ISA

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 10.1 and 10.2 for additional data element specifications.

### 270

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 511 | R | ISA08 | INTERCHANGE RECEIVER ID | 141650868 | 15/15 | MVP Tax ID |

### 271

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 276 | R | ISA06 | INTERCHANGE SENDER ID | 141650868 | 15/15 | MVP Tax ID |

### 276

| PAGE | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 261 | R | ISA08 | INTERCHANGE RECEIVER ID | 141650868 | 15/15 | MVP Tax ID |

### 277

| PAGE | REQUIRED | ELEMENT ID | ELEMENT DESCRIPTION | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 260 | R | ISA06 | INTERCHANGE SENDER ID | 141650868 | 15/15 | MVP Tax ID |

## 6.2 GS

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 12.1 and 12.2 for additional data element specifications.

## 270

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 513 | R | GS03 | APPLICATION RECEIVER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 514 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X0279A1 | 1/12 | Version / Release / Industry Identifier Code |

## 271

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 279 | R | GS02 | APPLICATION RECEIVER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 280 | R | GS08 | VERSION/RELEASE/ INDUSTRY IDENTIFIER CODE | 005010X0279A1 | 1/12 | Version / Release / Industry Identifier Code |

## 276

| PAGE | REQUIRED | ELEMENT | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 263 | R | GS03 | APPLICATION RECEIVER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 264 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X212 | 1/12 | Version / Release / Industry Identifier Code |

## 277

| PAGE | REQUIRED | ELEMENT | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 263 | R | GS02 | APPLICATION SENDER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 264 | R | GS08 | VERSION/RELEASE/ INDUSTRY IDENTIFIER CODE | 005010X212 | 1/12 | Version / Release Industry Identifier Code |

### 6.3 ST

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 12.1 and 12.2 for additional data element specifications.

### 270

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 61 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010x0279A1 | 1/35 | IMPLEMENTATION CONVENTION REFERENCE |

### 271

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 210 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X0279A1 | 1/35 | IMPLEMENTATION CONVENTION REFERENCE |

### 276

| PAGE | REQUIRED | ELEMENT | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 36 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X212 | 1/35 | Implementation Convention Reference |

### 277

| PAGE | REQUIRED | ELEMENT | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 106 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X212 | 1/35 | Implementation Convention Reference |

# 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes MVP Health Care's business rules, for example:

1. Billing for specific services such as DME, Ambulance, Home Health
2. Communicating payer specific edits
3. CORE Level of Certification

## 7.1 REQUEST TRANSACTIONS SUPPORTED

This section is intended to identify the type and version of the ASC X 12 Health Care Benefit Inquiry transactions that MVP will accept.

| |
|---|
| • 270 Health Care Benefit Inquiry Request – **ASC X12N 270 (005010X0279A1)** |
| • 276 Health Care Claim Status Request – **ASC X12N 276 (005010X212)** |

## 7.2 RESPONSE TRANSACTIONS SUPPORTED

This section is intended to identify the response transactions supported by the Health Care (MVP).

| |
|---|
| • 271 Health Care Benefit Inquiry Response - **ASC X12N 271 (005010X0279A1)** |
| |
| • 999 Acknowledgement for Health Care Insurance – **ASC X12C 999 (005010X231A1)** |

| |
|---|
| • 277 Health Care Claim Status Response - **ASC X12N 277 (005010X212)** |
| |
| • 999 Implementation Acknowledgement for Health Care Insurance **(005010X231A1)** |

# 5. ACKNOWLEDGEMENTS AND/OR REPORTS

MVP Health Care real-time transactions do not utilize reports. 999 transactions are returned for compliance-related rejections.

## 7.3 REPORT INVENTORY

None identified at this time.

# 8 TRADING PARTNER AGREEMENTS

Contact MVP's EDI Services Department at:

Email: EDIServices@mvphealthcare.com
Phone: 1-877-461-4911

# 9 TRANSACTION SPECIFIC INFORMATION (270/271)

## 9.1 MVP Requirements for the ANSI X12 270 Transaction - Health Care Eligibility and Benefit Request

**Note: the information in this table refers to the TR3.**

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | **INTERCHANGE/FUNCTION HEADERS** | | | |
| 509 | **R** | **ISA** | **INTERCHANGE CONTROL HEADER** | | | |
| 510 | R | ISA01 | AUTHORIZATION INFORMATION QUALIFIER | 00 | 2/2 | No Authorization Information Present in I02 |
| 510 | R | ISA02 | AUTHORIZATION INFORMATION | | 10/10 | Blank |
| 510 | R | ISA03 | SECURITY INFORMATION QUALIFIER | 00 | 2/2 | No Security Information Present in I04 |
| 510 | R | ISA04 | SECURITY INFORMATION | | 10/10 | Blank |
| 510 | R | ISA05 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 510 | R | ISA06 | INTERCHANGE SENDER ID | | 15/15 | Sender Tax ID |
| 511 | R | ISA07 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 511 | R | ISA08 | INTERCHANGE RECEIVER ID | 141650868 | 15/15 | MVP Tax ID |
| 511 | R | ISA09 | INTERCHANGE DATE | YYMMDD | 6/6 | Date of interchange |
| 511 | R | ISA10 | INTERCHANGE TIME | HHMM | 4/4 | Time of interchange |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 511 | R | ISA11 | INTERCHANGE CONTROL STANDARDS IDENTIFIER | ^ | 1/1 | Repetition Separator |
| 511 | R | ISA12 | INTERCHANGE CONTROL VERSION NUMBER | 00501 | 5/5 | Draft Standards Approved by ASC X12 thru October 1997 |
| 511 | R | ISA13 | INTERCHANGE CONTROL NUMBER | | 9/9 | Must match IEA02 |
| 512 | R | ISA14 | ACKNOWLEDGMENT REQUESTED | 0 | 1/1 | 0 = NO |
| 512 | R | ISA15 | TEST INDICATOR | P OR T | 1/1 | P = production T= test |
| 512 | R | ISA16 | COMPONENT ELEMENT SEPARATOR | : | 1/1 | Delimiter |
| | | | | | | |
| 513 | **R** | **GS** | **FUNCTIONAL GROUP HEADER** | | | |
| 513 | R | GS01 | FUNCTIONAL IDENTIFIER CODE | HS | 2/2 | Eligibility, Coverage or Benefit Inquiry |
| 513 | R | GS02 | APPLICATION SENDER'S CODE | | 2/15 | Sender's Code - agreed to by trading partners |
| 513 | R | GS03 | APPLICATION RECEIVER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 513 | R | GS04 | DATE | CCYYMMDD | 8/8 | Group Creation Date |
| 514 | R | GS05 | TIME | HHMM | 4/8 | Creation Time |
| 514 | R | GS06 | GROUP CONTROL NUMBER | | 1/9 | Assigned by Sender |
| 514 | R | GS07 | RESPONSIBLE AGENCY CODE | X | ½ | Accredited Standards Committee X12 |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 514 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X0279A1 | 1/12 | Version / Release / Industry Identifier Code |
| | | | | | | |
| | | | **TABLE 1 - TRANSACTION HEADER** | | | |
| 61 | **R** | **ST** | **TRANSACTION SET HEADER** | | | |
| 61 | R | ST01 | TRANSACTION SET IDENTIFIER CODE | 270 | 3/3 | Eligibility, Coverage or Benefit Inquiry |
| 61 | R | ST02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Must match SE02 control number |
| 61 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010x0279A1 | 1/35 | IMPLEMENTATION CONVENTION REFERENCE |
| | | | | | | |
| 63 | **R** | **BHT** | **BEGINNING OF HIERARCHICAL TRANSACTION** | | | **Define the business structure of the transaction set; identify business application purpose and reference data.** |
| 63 | R | BHT01 | HIERARCHICAL STRUCTURE CODE | 0022 | 4/4 | Information Source, Information Receiver, Provider of Service, Subscriber, Dependent |
| 64 | R | BHT02 | TRANSACTION SET PURPOSE CODE | 13 | 2/2 | Request |
| 64 | R | BHT03 | SUBMITTER TRANSACTION IDENTIFIER | | 1/50 | Batch control number assigned by submitter |
| 64 | R | BHT04 | TRANSACTION SET CREATION DATE | | 8/8 | Transaction set creation date (CCYYMMDD) |
| 65 | R | BHT05 | TRANSACTION SET CREATION TIME | | 4/8 | Transaction set creation time (HHMM) |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 65 | S | BHT06 | TRANSACTION TYPE CODE | | 2/2 | Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation. |
| | | | | | | |
| | | | **TABLE 2 – DETAIL, INFORMATION SOURCE LEVEL** | | | |
| | **R** | **Loop 2000A** | **INFORMATION SOURCE LEVEL** | | | **MVP is the Information Source** |
| 66 | **R** | **HL** | **INFORMATION SOURCE LEVEL** | | | |
| 67 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 67 | NOT USED | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | NOT USED |
| 67 | R | HL03 | HIERARCHICAL LEVEL CODE | 20 | 1/2 | Information source |
| 68 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| **Page** | **R** | **Loop 2100A** | **INFORMATION SOURCE NAME** | | **Length** | |
| 69 | **R** | **NM1** | **INFORMATION SOURCE NAME** | | | |
| 69 | R | NM101 | ENTITY IDENTIFIER CODE | PR | 2/3 | Payer |
| 70 | R | NM102 | ENTITY TYPE QUALIFIER | 2 | 1/1 | Non person entity |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 70 | R | NM103 | INFORMATION SOURCE LAST OR ORGANIZATION NAME | MVP | 1/60 | MVP's name |
| 70 | NOT USED | NM104 | INFORMATION SOURCE FIRST NAME | | 1/35 | NOT USED |
| 70 | NOT USED | NM105 | INFORMATION SOURCE MIDDLE NAME | | 1/25 | NOT USED |
| 70 | NOT USED | NM106 | PREFIX | | 1/10 | NOT USED |
| 71 | NOT USED | NM107 | INFORMATION SOURCE NAME SUFFIX | | 1/10 | NOT USED |
| 71 | R | NM108 | IDENTIFICATION CODE QUALIFIER | FI | 1/2 | Federal Tax ID |
| 71 | R | NM109 | INFORMATION SOURCE PRIMARY IDENTIFIER | 141650868 | 2/80 | MVP's Federal Tax ID |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL** | | | |
| | **R** | **Loop 2000B** | **INFORMATION RECEIVER LEVEL** | | | **This entity expects response from the information source.** |
| 72 | **R** | **HL** | **INFORMATION RECEIVER LEVEL** | | | |
| 73 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 73 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 74 | R | HL03 | HIERARCHICAL LEVEL CODE | 21 | 1/2 | Information Receiver |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 74 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100B** | **INFORMATION RECEIVER NAME** | | | **Individual or organization requesting to receive the status information.** |
| **75** | **R** | **NM1** | **INFORMATION RECEIVER NAME** | | | |
| 75 | R | NM101 | ENTITY IDENTIFIER CODE | 1P | 2/3 | 1P= Provider |
| 76 | R | NM102 | ENTITY TYPE QUALIFIER | 1, 2 | 1/1 | 1= Person 2=Non person entity |
| 76 | R | NM103 | INFORMATION RECEIVER LAST OR ORGANIZATION NAME | | 1/60 | Name of entity receiving the information |
| 76 | S | NM104 | INFORMATION RECEIVER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 76 | S | NM105 | INFORMATION RECEIVER MIDDLE NAME | | 1/25 | NOT USED |
| 76 | NOT USED | NM106 | PREFIX | | 1/10 | NOT USED |
| 77 | S | NM107 | INFORMATION RECEIVER NAME SUFFIX | | 1/10 | NOT USED |
| 77 | R | NM108 | IDENTIFICATION CODE QUALIFIER | XX | 1/2 | NATIONAL PROVIDER ID |
| 78 | R | NM109 | INFORMATION RECEIVER IDENTIFICATION NUMBER | | 2/80 | Information Receiver Identification Number |
| | | | | | | |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 79 | **S** | **REF** | **INFORMATION RECEIVER ADDITIONAL IDENTIFICATION** | | | **Use this segment when needed to convey other or additional identification numbers for the information receiver.** |
| 79 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | TJ | 2/3 | TJ=Federal Tax ID |
| 80 | R | REF02 | INFORMATION RECEIVER ADDITIONAL IDENTIFIER | | 1/50 | Information Receiver Additional Identifier |
| | | | **TABLE 2 - DETAIL, SUBSCRIBER LEVEL** | | | |
| | **R** | **Loop 2000C** | **SUBSCRIBER LEVEL** | | | **Use this loop to request information on subscribers and dependents. MVP assigns unique identifiers to dependents, so the dependent loop is not required.** |
| **86** | **R** | **HL** | **SUBSCRIBER LEVEL** | | | |
| 88 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 88 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 89 | R | HL03 | HIERARCHICAL LEVEL CODE | 22 | 1/2 | Subscriber |
| 89 | R | HL04 | HIERARCHICAL CHILD CODE | 0,1 | 1/1 | 0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| 90 | **S** | **TRN** | **SUBSCRIBER TRACE NUMBER** | | | **Trace numbers assigned at the subscriber level are intended to allow tracing of an eligibility/benefit transaction when the subscriber or dependent is the patient. The information receiver may assign one TRN segment in this loop if the subscriber/dependent is the patient. A clearinghouse may assign one TRN segment in this loop if the subscriber/dependent is the patient.** |
| 90 | R | TRN01 | TRACE TYPE CODE | 1 | 1/2 | Current Transaction Trace Numbers |
| 91 | R | TRN02 | TRACE NUMBER | | 1/50 | Use this **unique** number for the trace or reference number assigned by the information receiver. |
| 91 | R | TRN03 | TRACE ASSIGNING ENTITY IDENTIFIER | | 10/10 | Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used. |
| **Page** | **R** | **Loop 2100C** | **SUBSCRIBER NAME** | | | **Use this loop to identify the patient (subscriber or dependent).** |
| 92 | **R** | **NM1** | **SUBSCRIBER NAME** | | | |
| 92 | R | NM101 | ENTITY IDENTIFIER CODE | IL | 2/3 | IL=Insured or Subscriber |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 93 | R | NM102 | ENTITY TYPE QUALIFIER | 1 | 1/1 | 1= Person |
| 93 | R | NM103 | SUBSCRIBER LAST NAME | | 1/60 | Use this name for the patient name (subscriber or dependent). Required if using for search criteria. |
| 93 | R | NM104 | SUBSCRIBER FIRST NAME | | 1/35 | Use this name for the patient name (subscriber or dependent). Required if using for search criteria. |
| 94 | NOT USED | NM105 | SUBSCRIBER MIDDLE NAME | | 1/25 | NOT USED |
| 94 | NOT USED | NM106 | PREFIX | | 1/10 | NOT USED |
| 94 | NOT USED | NM107 | SUBSCRIBER NAME SUFFIX | | 1/10 | NOT USED |
| 95 | S | NM108 | IDENTIFICATION CODE QUALIFIER | MI | 1/2 | MI=Member ID Number |
| 96 | R | NM109 | SUBSCRIBER PRIMARY IDENTIFIER | | 2/80 | This is the primary number that the information source associates with the patient (subscriber or dependent). Required if using for search criteria. ***The 11 character MVP Member ID*** |
| | | | | | | |
| 97 | **S** | **REF** | **SUBSCRIBER ADDITIONAL IDENTIFICATION** | | | **Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number.** |
| 98 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | 6P, SY | 2/3 | 6P=Group Number<br>SY= Subscriber SSN |
| 99 | R | REF02 | SUBSCRIBER SUPPLEMENTAL IDENTIFIER | | 1/50 | |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | **S** | **N3** | **SUBSCRIBER'S ADDRESS** | | | |
| 100 | R | N301 | SUBSCRIBER ADDRESS LINE | | 1/55 | Subscriber Address Line |
| | S | N302 | SUBSCRIBER ADDITIONAL ADDRESS LINE | | 1/55 | Subscriber Address Line |
| **Page** | **S** | **N4** | **SUBSCRIBER CITY/STATE/ZIP CODE** | | | |
| 101 | S | N401 | SUBSCRIBER CITY NAME | | 2/30 | Subscriber City Name |
| 102 | S | N402 | SUBSCRIBER STATE CODE | | 2/2 | Subscriber State Code |
| 102 | S | N403 | SUBSCRIBER ZIP CODE | | 3/15 | Subscriber Postal Zone or ZIP Code |
| | | | | | | |
| 107 | **R** | **DMG** | **SUBSCRIBER DEMOGRAPHIC INFORMATION** | | | |
| 108 | R | DMG01 | DATE FORMAT QUALIFIER | D8 | 2/3 | Date Expressed in Format CCYYMMDD |
| 108 | R | DMG02 | SUBSCRIBER BIRTH DATE | | 1/35 | Subscriber or dependent date of birth |
| 109 | S | DMG03 | SUBSCRIBER GENDER CODE | F, M | 1/1 | F=Female, M=Male |
| | | | | | | |
| | **S** | **DTP** | **SUBSCRIBER DATE** | | | **Use this segment to convey the eligibility, service or admission date(s) for the patient (subscriber/dependent).** |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | **Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.** |
| 122 | R | DTP01 | DATE TIME QUALIFIER | 102,291 | 3/3 | Issue Date(per member id card), Plan Date |
| 123 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | D8, RD8 | 2/3 | Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD |
| 123 | R | DTP03 | DATE TIME PERIOD | | 1/35 | Date Time Period |
| | | | | | | |
| | **S** | **Loop 2110C** | **SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION** | | | **Use the EQ loop/segment to verify the eligibility or benefits for the patient (subscriber/dependent).** |
| 124 | **S** | **EQ** | **SUBSCRIBER ELIGIBILITY INFORMATION** | | | |
| 125 | S | EQ01 | SERVICE TYPE CODE | 30, 1,35 | 1/2 | Health Benefit Plan Coverage, Medical, Dental |
| | | | | | | |
| 144 | **S** | **DTP** | **SUBSCRIBER ELIGIBILITY/BENEFIT DATE** | | | **Use this segment to convey eligibility, admission, or service dates associated with the information contained in the corresponding EQ segment. This segment is only to be used to override dates provided in Loop 2100C when the date differs from the date provided in the DTP segment in Loop 2100C. Dates that apply to the entire** |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | **request should be placed in the DTP segment in Loop 2100C.** |
| 144 | R | DTP01 | DATE TIME QUALIFIER | 291 | 3/3 | Plan |
| 145 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | D8, RD8 | 2/3 | Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD |
| 145 | R | DTP03 | DATE TIME PERIOD | | 1/35 | Date Time Period |
| | | | | | | |
| | | | **TRANSACTION TRAILER** | | | |
| 200 | **R** | **SE** | **TRANSACTION SET TRAILER** | | | |
| 200 | R | SE01 | TRANSACTION SEGMENT COUNT | | 1/10 | |
| 200 | R | SE02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Same as ST02 |
| | | | **FUNCTIONAL/INTERCHANGE TRAILERS** | | | |
| 515 | **R** | **GE** | **FUNCTIONAL GROUP TRAILER** | | | |
| 515 | R | GE01 | NUMBER OF TRANSACTION SETS INCLUDED | | 1/6 | |
| 515 | R | GE02 | GROUP CONTROL NUMBER | | 1/9 | Same as GS06 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 516 | **R** | **IEA** | **INTERCHANGE CONTROL TRAILER** | | | |
| 516 | R | IEA01 | NUMBER OF INCLUDED FUNCTIONAL GROUPS | | 1/5 | |
| 516 | R | IEA02 | INTERCHANGE CONTROL NUMBER | | 9/9 | Same as ISA13 |

# 10 TRANSACTION SPECIFIC INFORMATION

## 10.1 MVP Requirements for the ANSI X12 276 Transaction - Health Care Claim Status Request

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | **INTERCHANGE/FUNCTION HEADERS** | | | |
| | **R** | **ISA** | **INTERCHANGE CONTROL HEADER** | | | |
| 260 | R | ISA01 | AUTHORIZATION INFORMATION QUALIFIER | 00 | 2/2 | No Authorization Information Present in I02 |
| 260 | R | ISA02 | AUTHORIZATION INFORMATION | | 10/10 | Blank |
| 260 | R | ISA03 | SECURITY INFORMATION QUALIFIER | 00 | 2/2 | No Security Information Present in I04 |
| 260 | R | ISA04 | SECURITY INFORMATION | | 10/10 | Blank |
| 260 | R | ISA05 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 260 | R | ISA06 | INTERCHANGE SENDER ID | | 15/15 | Sender Tax ID |
| 261 | R | ISA07 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 261 | R | ISA08 | INTERCHANGE RECEIVER ID | 141650868 | 15/15 | MVP Tax ID |
| 261 | R | ISA09 | INTERCHANGE DATE | YYMMDD | 6/6 | Date of interchange(YYMMDD) |
| 261 | R | ISA10 | INTERCHANGE TIME | HHMM | 4/4 | Time of interchange |
| 261 | R | ISA11 | INTERCHANGE CONTROL STANDARDS IDENTIFIER | ^ | 1/1 | Repetition Separator |
| 261 | R | ISA12 | INTERCHANGE CONTROL VERSION NUMBER | 00501 | 5/5 | Draft Standards Approved by ASC X12 thru October 2003 |
| 261 | R | ISA13 | INTERCHANGE CONTROL NUMBER | | 9/9 | Must match IEA02 |
| 262 | R | ISA14 | ACKNOWLEDGMENT REQUESTED | 0 | 1/1 | 0 = NO |
| 262 | R | ISA15 | TEST INDICATOR | P | 1/1 | P = production |
| 262 | R | ISA16 | COMPONENT ELEMENT SEPARATOR | : | 1/1 | Delimiter |
| | | | | | | |
| | **R** | **GS** | **FUNCTIONAL GROUP HEADER** | | | |
| 263 | R | GS01 | FUNCTIONAL IDENTIFIER CODE | HR | 2/2 | Health Care Claim Status Request |
| 263 | R | GS02 | APPLICATION SENDER'S CODE | | 2/15 | Sender's Tax ID |
| 263 | R | GS03 | APPLICATION RECEIVER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 263 | R | GS04 | DATE | | 8/8 | Group Creation Date (CCYYMMDD) |
| 264 | R | GS05 | TIME | | 4/8 | Creation Time (HHMM) |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 264 | R | GS06 | GROUP CONTROL NUMBER | | 1/9 | Assigned by Sender |
| 264 | R | GS07 | RESPONSIBLE AGENCY CODE | X | 1/2 | Accredited Standards Committee X12 |
| 264 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X212 | 1/12 | |
| | | | | | | |
| | | | **TABLE 1 - TRANSACTION HEADER** | | | |
| | **R** | **ST** | **TRANSACTION SET HEADER** | | | |
| 36 | R | ST01 | TRANSACTION SET IDENTIFIER CODE | 276 | 3/3 | Health Care Claim Status Request |
| 36 | R | ST02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Must match SE02 control number |
| 36 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X212 | 1/35 | |
| | | | | | | |
| | **R** | **BHT** | **BEGINNING OF HIERARCHICAL TRANSACTION** | | | Define the business structure of the transaction set; identify business application purpose and reference data. |
| 37 | R | BHT01 | HIERARCHICAL STRUCTURE CODE | 0010 | 4/4 | Information Source, Information Receiver, Provider of Service, Subscriber, Dependent |
| 37 | R | BHT02 | TRANSACTION SET PURPOSE CODE | 13 | 2/2 | Request |
| 37 | R | BHT03 | TRANSACTION REFERENCE IDENTIFICATION | | 1/50 | Reference identification / Control number |
| 37 | R | BHT04 | TRANSACTION SET CREATION DATE | CCYYMMDD | 8/8 | Date format - CCYYMMDD |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 38 | R | BHT05 | TRANSACTION SET CREATION TIME | | 4/8 | HHMM |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL** | | | |
| | **R** | **Loop 2000A** | **INFORMATION SOURCE LEVEL** | | | MVP is the Information Source |
| | **R** | **HL** | **INFORMATION SOURCE LEVEL** | | | |
| 39 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 40 | R | HL03 | HIERARCHICAL LEVEL CODE | 20 | 1/2 | Information source |
| 40 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100A** | **PAYER NAME** | | | |
| | **R** | **NM1** | **PAYER NAME** | | | |
| 41 | R | NM101 | ENTITY IDENTIFIER CODE | PR | 2/3 | Payer |
| 41 | R | NM102 | ENTITY TYPE QUALIFIER | 2 | 1/1 | Non person entity |
| 41 | R | NM103 | PAYER NAME | MVP | 1/60 | MVP's name |
| 42 | R | NM108 | IDENTIFICATION CODE QUALIFIER | PI | 1/2 | Payer identification |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 42 | R | NM109 | PAYER IDENTIFIER | 141650868 | 2/80 | MVP's Federal Tax ID |
| | | | | | | |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL** | | | |
| | **R** | **Loop 2000B** | **INFORMATION RECEIVER LEVEL** | | | This entity expects response from the information source. |
| | **R** | **HL** | **INFORMATION RECEIVER LEVEL** | | | |
| 43 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 43 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 44 | R | HL03 | HIERARCHICAL LEVEL CODE | 21 | 1/2 | Information Receiver |
| 44 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/2 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100B** | **INFORMATION RECEIVER NAME** | | | Individual or organization requesting to receive the status information. |
| | **R** | **NM1** | **RECEIVER NAME** | | | |
| 45 | R | NM101 | ENTITY IDENTIFIER CODE | 41 | 2/3 | Submitter |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 45 | R | NM102 | ENTITY TYPE QUALIFIER | 1, 2 | 1/1 | 1 = Person 2 = Non person entity |
| 46 | R | NM103 | INFORMATION RECEIVER LAST OR ORGANZATION NAME | | 1/60 | Name of entity receiving the information |
| 46 | S | NM104 | INFORMATION RECEIVER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 46 | S | NM105 | INFORMATION RECEIVER MIDDLE NAME | | 1/25 | |
| 46 | R | NM108 | IDENTIFICATION CODE QUALIFIER | 46 | 1/2 | Electronic Transmitter Identification Number (ETIN) |
| 46 | R | NM109 | INFORMATION RECEIVER IDENTIFICATION NUMBER | | 2/80 | Tax ID of entity receiving the information |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, SERVICE PROVIDER LEVEL** | | | |
| | **R** | **Loop 2000C** | **SERVICE PROVIDER LEVEL** | | | |
| | **R** | **HL** | **SERVICE PROVIDER LEVEL** | | | |
| 47 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 47 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 48 | R | HL03 | HIERARCHICAL LEVEL CODE | 19 | 1/2 | Provider of Service |
| 48 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/2 | Additional subordinate HL data segments in this hierarchical structure |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | **R** | **Loop 2100C** | **PROVIDER NAME** | | | This is the **rendering** provider from the original submitted claim. |
| | **R** | **NM1** | **PROVIDER NAME** | | | |
| 50 | R | NM101 | ENTITY IDENTIFIER CODE | 1P | 2/3 | Provider |
| 50 | R | NM102 | ENTITY TYPE QUALIFIER | 1, 2 | 1/1 | 1 = Person 2 = Non person entity |
| 50 | R | NM103 | PROVIDER LAST OR ORGANZATION NAME | | 1/60 | |
| 50 | S | NM104 | PROVIDER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 50 | S | NM105 | PROVIDER MIDDLE NAME | | 1/25 | |
| 50 | S | NM107 | PROVIDER NAME SUFFIX | | 1/10 | |
| 51 | R | NM108 | IDENTIFICATION CODE QUALIFIER | XX | 1/2 | Provider identification number |
| 51 | R | NM109 | PROVIDER IDENTIFIER | | 2/80 | NPI |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, SUBSCRIBER LEVEL** | | | |
| | **R** | **Loop 2000D** | **SUBSCRIBER LEVEL** | | | |
| | **R** | **HL** | **SUBSCIBER LEVEL** | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 53 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 53 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/1 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 53 | R | HL03 | HIERARCHICAL LEVEL CODE | 22 | 1/2 | Subscriber |
| 53 | R | HL04 | HIERARCHICAL CHILD CODE | 0 | 1/1 | 0=No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber. |
| | | | | | | |
| | **S** | **DMG** | **SUBSCRIBER DEMOGRAPHIC INFORMATION** | | | Required: every MVP member has a unique identification number. |
| 54 | R | DMG01 | DATE FORMAT QUALIFIER | D8 | 2/3 | Date Expressed in Format CCYYMMDD |
| 55 | R | DMG02 | SUBSCRIBER BIRTH DATE | | 1/35 | Date of Birth |
| 55 | R | DMG03 | SUBSCRIBER GENDER CODE | F,M | 1/1 | F = Female, M=Male |
| | | | | | | |
| | **R** | **Loop 2100D** | **SUBSCRIBER NAME** | | | |
| | **R** | **NM1** | **SUBSCRIBER NAME** | | | |
| 56 | R | NM101 | ENTITY IDENTIFIER CODE | IL | 2/3 | IL = Insured or Subscriber |
| 56 | R | NM102 | ENTITY TYPE QUALIFIER | 1 | 1/1 | 1= Person |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 57 | R | NM103 | SUBSCRIBER LAST NAME | | 1/60 | |
| 57 | R | NM104 | SUBSCRIBER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 57 | S | NM105 | SUBSCRIBER MIDDLE NAME | | 1/25 | |
| 57 | S | NM107 | SUBSCRIBER NAME SUFFIX | | 1/10 | |
| 57 | R | NM108 | IDENTIFICATION CODE QUALIFIER | MI | 1/2 | MI=Member ID Number |
| 57 | R | NM109 | SUBSCRIBER IDENTIFIER | | 2/80 | MVP Member ID Number |
| | | | | | | |
| | **S** | **Loop 2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| | **S** | **TRN** | **CLAIM SUBMITTER TRACE NUMBER** | | | Required: every MVP member has a unique identification number. |
| 58 | R | TRN01 | TRACE TYPE CODE | 1 | 1/2 | Current Transaction Trace Numbers |
| 58 | R | TRN02 | TRACE NUMBER | | 1/50 | Trace number assigned by receiver. This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guides. |
| | | | | | | |
| | **S** | **REF** | **PAYER CLAIM INDENTIFICATION NUMBER** | | | This is the payer's assigned control number. Recommend sending this segment on claim inquires when the information is known. |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 59 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | 1K | 2/3 | Payer's Claim Number |
| 59 | R | REF02 | PAYER CLAIM CONTROL NUMBER | | 1/50 | MVP Claim Number |
| | | | | | | |
| | **S** | **REF** | **INSTITUTIONAL BILL TYPE IDENTIFICATION** | | | Only use this segment if bill type is being sent in the inquiry request in connection with an institutional bill. |
| 60 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | BLT | 2/3 | Billing Type |
| 60 | R | REF02 | BILL TYPE IDENTIFIER | | 1/50 | Required for institutional claims inquiries.<br>Found on UB04 - record 40 - 4<br>Found on 837I in CLM-05<br>Found on UB04 paper form locator 4 |
| | | | | | | |
| | **S** | **AMT** | **CLAIM SUBMITTED CHARGES** | | | Required: every MVP member has a unique identification number. |
| 66 | R | AMT01 | AMOUNT QUALIFIER CODE | T3 | 1/3 | Total Submitted Charges |
| 66 | R | AMT02 | TOTAL CLAIM CHARGE AMOUNT | | 1/18 | |
| | | | | | | |
| | **S** | **DTP** | **CLAIM SERVICE DATE** | | | The date is the statement from and through date.<br>Required for institutional claims. |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 67 | R | DTP01 | DATE TIME QUALIFIER | 472 | 3/3 | Claims Statement Period Start - includes the claim statement period end. |
| 67 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | RD8 | 2/3 | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 68 | R | DTP03 | CLAIM SERVICE PERIOD | | 1/35 | CCYYMMDD - CCYYMMDD |
| | | | | | | |
| | **S** | **Loop 2210D** | **SERVICE LINE INFORMATION** | | | |
| | R | **SVC** | **SERVICE INFORMATION** | | | |
| 69 | R | SVC01-1 | PRODUCT/SERVICE ID QUALIFIER | | 2/2 | AD=American Dental Assoc Codes<br>HC= HCPCS codes<br>HP= Health Insurance Prospective Payment System (HIPPS)<br>N4 = NDC in 5-4-2 format<br>NU = NUBC (revenue) codes<br>WK = Advanced Billing Concepts(ABC) Codes |
| 71 | R | SVC01-2 | PROCEDURE MODIFIER | | 1/48 | Procedure Code or If value in SVC01-1 is “NU” then Revenue code |
| 71 | S | SVC01-3 | PROCEDURE MODIFIER | | 2/2 | Procedure modifier |
| 71 | S | SVC01-4 | PROCEDURE MODIFIER | | 2/2 | Procedure modifier |
| 71 | S | SVC01-5 | PROCEDURE MODIFIER | | 2/2 | Procedure modifier |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 72 | S | SVC01-6 | PROCEDURE MODIFIER | | 2/2 | Procedure modifier |
| 72 | R | SVC02 | MONETARY AMOUNT | | 1/18 | Line Item Charge Amount |
| 72 | S | SVC04 | PRODUCT/SERVICE ID | | 1/48 | If value in SVC01-1 is “NU” then Revenue code |
| 72 | S | SVC07 | QUANTITY | | 1/15 | Original Units of Service Count |
| | | | | | | |
| | | **REF** | **SERVICE LINE ITEM IDENTIFICATION** | | | |
| 73 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | FJ | 2/3 | Line Item Control Number |
| 73 | R | REF01 | REFERENCE IDENTIFICATION | | 1/50 | Line Number |
| | | | | | | |
| | | **DTP** | **SERVICE LINE DATE** | | | |
| 74 | R | DTP01 | DATE/TIME QUALIFIER | 472 | 3/3 | Service |
| 74 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | RD8 | 2/3 | CCYYMMDD-CCYYMMDD |
| 74 | R | DTP03 | DATE TIME PERIOD | | 1/35 | Begin Date – End Date |
| | | | | | | |
| | | | **TRANSACTION TRAILER** | | | |
| | | **SE** | **TRANSACTION SET TRAILER** | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUE | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 98 | R | SE01 | TRANSACTION SEGMENT COUNT | | 1/10 | Map generated |
| 98 | R | SE02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Same as ST02 |
| | | | | | | |
| | | | **FUNCTIONAL/INTERCHANGE TRAILERS** | | | |
| | **R** | **GE** | **FUNCTIONAL GROUP TRAILER** | | | |
| 265 | R | GE01 | NUMBER OF TRANSACTION SETS INCLUDED | | 1/6 | Map Generated |
| 265 | R | GE02 | GROUP CONTROL NUMBER | | 1/9 | Same as GS06 |
| | | | | | | |
| | **R** | **IEA** | **INTERCHANGE CONTROL TRAILER** | | | |
| 266 | R | IEA01 | NUMBER OF INCLUDED FUNCTIONAL GROUPS | | 1/5 | Map Generated |
| 266 | R | IEA02 | INTERCHANGE CONTROL NUMBER | | 9/9 | Same as ISA13 |
| | | | | | | |

## 10.2 MVP Requirements for the ANSI X12 271 Transaction - Health Care Eligibility and Benefit Response

**Note: the information in this table refers to the TR3.**

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | **INTERCHANGE/FUNCTION HEADERS** | | | |
| **275** | **R** | **ISA** | **INTERCHANGE CONTROL HEADER** | | | |
| 276 | R | ISA01 | AUTHORIZATION INFORMATION QUALIFIER | 00 | 2/2 | No Authorization Information Present in I02 |
| 276 | R | ISA02 | AUTHORIZATION INFORMATION | | 10/10 | Blank |
| 276 | R | ISA03 | SECURITY INFORMATION QUALIFIER | 00 | 2/2 | No Security Information Present in I04 |
| 276 | R | ISA04 | SECURITY INFORMATION | | 10/10 | Blank |
| 276 | R | ISA05 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 276 | R | ISA06 | INTERCHANGE SENDER ID | 141650868 | 15/15 | MVP Tax ID |
| 277 | R | ISA07 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 277 | R | ISA08 | INTERCHANGE RECEIVER ID | | 15/15 | Trading Partner Tax ID |
| 277 | R | ISA09 | INTERCHANGE DATE | YYMMDD | 6/6 | Date of interchange |
| 277 | R | ISA10 | INTERCHANGE TIME | HHMM | 4/4 | Time of interchange |
| 277 | R | ISA11 | INTERCHANGE CONTROL STANDARDS IDENTIFIER | ^ | 1/1 | Repetition Separator |
| 277 | R | ISA12 | INTERCHANGE CONTROL VERSION NUMBER | 00501 | 5/5 | Draft Standards Approved by ASC X12 thru October 1997 |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 277 | R | ISA13 | INTERCHANGE CONTROL NUMBER | | 9/9 | Must match IEA02 |
| 278 | R | ISA14 | ACKNOWLEDGMENT REQUESTED | 0 | 1/1 | 0 = NO |
| 278 | R | ISA15 | TEST INDICATOR | P or T | 1/1 | P = production T= test |
| 278 | R | ISA16 | COMPONENT ELEMENT SEPARATOR | : | 1/1 | Delimiter |
| | | | | | | |
| **279** | **R** | **GS** | **FUNCTIONAL GROUP HEADER** | | | |
| 279 | R | GS01 | FUNCTIONAL IDENTIFIER CODE | HB | 2/2 | Healthcare Eligibility Benefit Inquiry Response (271) |
| 279 | R | GS02 | APPLICATION SENDER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 279 | R | GS03 | APPLICATION RECEIVER'S CODE | | 2/15 | Trading Partner Tax ID |
| 280 | R | GS04 | DATE | CCYYMMDD | 8/8 | Group Creation Date |
| 280 | R | GS05 | TIME | HHMM | 4/8 | Creation Time |
| 280 | R | GS06 | GROUP CONTROL NUMBER | | 1/9 | Assigned by MVP |
| 280 | R | GS07 | RESPONSIBLE AGENCY CODE | X | 1/2 | Accredited Standards Committee X12 |
| 280 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X027 9A1 | 1/12 | Version / Release / Industry Identifier Code |
| | | | | | | |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | **TABLE 1 – TRANSACTION HEADER** | | | |
| **209** | **R** | **ST** | **TRANSACTION SET HEADER** | | | |
| 209 | R | ST01 | TRANSACTION SET IDENTIFIER CODE | 271 | 3/3 | Eligibility, Coverage, or Benefit Information (271) |
| 209 | R | ST02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Must match SE02 control number |
| 210 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X027 9A1 | 1/35 | IMPLEMENTATION CONVENTION REFERENCE |
| | | | | | | |
| **211** | **R** | **BHT** | **BEGINNING OF HIERARCHICAL TRANSACTION** | | | **Define the business structure of the transaction set; identify business application purpose and reference data.** |
| 211 | R | BHT01 | HIERARCHICAL STRUCTURE CODE | 0022 | 4/4 | Information Source, Information Receiver, Provider Service, Subscriber, Dependent |
| 211 | R | BHT02 | TRANSACTION SET PURPOSE CODE | 11,06 | 2/2 | Response, Cancellation Response |
| 212 | S | BHT03 | SUBMITTER TRANSACTION ID | | 1/50 | Assigned value by MVP |
| 212 | R | BHT04 | TRANSACTION SET CREATION DATE | CCYYMMDD | 8/8 | System Date (CCYYMMDD) |
| 212 | R | BHT05 | TRANSACTION SET CREATION TIME | | 4/8 | System Time (HHMMSS) |
| | | | | | | |
| | | | **TABLE 2 – DETAIL, INFORMATION SOURCE LEVEL** | | | |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | **R** | **Loop 2000A** | **INFORMATION SOURCE LEVEL** | | | **MVP is the Information Source** |
| **213** | **R** | **HL** | **INFORMATION SOURCE LEVEL** | | | |
| 214 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |
| 214 | NOT USED | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | NOT USED |
| 214 | R | HL03 | HIERARCHICAL LEVEL CODE | 20 | 1/2 | Information source |
| 214 | R | HL04 | HIERARCHICAL CHILD CODE | 0,1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure.<br>0=No Subordinate HL Segment in This Hierarchical Structure<br>1=Additional Subordinate HL Data Segment in This Structure |
| **215** | **S** | **AAA** | **REQUEST VALIDATION** | | | **Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.** |
| 215 | R | AAA01 | VALID REQUEST INDICATOR | Y, N | 1/1 | Y=Yes Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.<br>N=No Use this code to indicate that the request or an element in the request is not valid. |
| 216 | R | AAA03 | REJECT REASON CODE | 04,41, 42,79 | 2/2 | 04=Authorized Quantity Exceeded<br>41=Authorization/Access Restrictions<br>42=Unable to Respond at Current Time<br>79= Invalid participant ID |
| 216 | R | AAA04 | FOLLOW-UP ACTION CODE | C, N | 1/1 | C=Correct and resubmit N=Resubmission not allowed |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | **R** | **Loop 2100A** | **INFORMATION SOURCE NAME** | | | |
| **218** | **R** | **NM1** | **INFORMATION SOURCE NAME** | | | |
| 218 | R | NM101 | ENTITY IDENTIFIER CODE | PR | 2/3 | Payer |
| 219 | R | NM102 | ENTITY TYPE QUALIFIER | 2 | 1/1 | 2=Non person entity |
| 219 | R | NM103 | INFORMATION SOURCE LAST OR ORGANIZATION NAME | MVP | 1/60 | MVP's name. Use this name for the organization name if NM102 is "2". |
| 220 | R | NM108 | IDENTIFICATION CODE QUALIFIER | FI | 1/2 | Federal Tax ID |
| 220 | R | NM109 | INFORMATION SOURCE PRIMARY IDENTIFIER | 141650868 | 2/80 | MVP's Federal Tax ID |
| | | | **TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL** | | | |
| | **S** | **Loop 2000B** | **INFORMATION RECEIVER LEVEL** | | | **Entity receiving response from MVP** |
| **229** | **R** | **HL** | **INFORMATION RECEIVER LEVEL** | | | |
| 230 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |
| 230 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | Hierarchical Parent ID Number |
| 231 | R | HL03 | HIERARCHICAL LEVEL CODE | 21 | 1/2 | Information Receiver |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 231 | R | HL04 | HIERARCHICAL CHILD CODE | 0,1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure<br>1=Additional Subordinate HL Data Segment in This Structure |
| | | | | | | |
| | **R** | **Loop 2100B** | **INFORMATION RECEIVER NAME** | | | **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.** |
| **232** | **R** | **NM1** | **INFORMATION RECEIVER NAME** | | | |
| 232 | R | NM101 | ENTITY IDENTIFIER CODE | 1P | 2/3 | 1P= Provider |
| 233 | R | NM102 | ENTITY TYPE QUALIFIER | 1,2 | 1/1 | 1= Person 2=Non person entity |
| 233 | S | NM103 | INFORMATION RECEIVER LAST OR ORGANIZATION NAME | | 1/60 | Name of entity receiving the information |
| 233 | S | NM104 | INFORMATION RECEIVER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 234 | S | NM105 | INFORMATION RECEIVER MIDDLE NAME | | 1/25 | Information Receiver Middle |
| 234 | NOT USED | NM106 | PREFIX | | 1/10 | NOT USED |
| 234 | S | NM107 | INFORMATION RECEIVER NAME SUFFIX | | 1/10 | Information Receiver Suffix |
| 234 | R | NM108 | IDENTIFICATION CODE QUALIFIER | XX | 1/2 | NPI |
| 235 | R | NM109 | INFORMATION RECEIVER IDENTIFICATION NUMBER | | | Information Receiver Identification Number |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| 236 | **S** | **REF** | **INFORMATION RECEIVER ADDITIONAL IDENTIFICATION** | | | **Use this segment when needed to convey other or additional identification numbers for the information receiver.** |
| 236 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | TJ | 2/3 | TJ=Federal Tax ID |
| 237 | R | REF02 | INFORMATION RECEIVER ADDITIONAL IDENTIFICATION | | 1/50 | Information Receiver Additional Identifier |
| | | | | | | |

**TABLE 2 - DETAIL, SUBSCRIBER LEVEL**

| | | | | | | |
|---|---|---|---|---|---|---|
| | **S** | **Loop 2000C** | **SUBSCRIBER LEVEL** | | | **This loop will be used to supply eligibility information for the patient (subscriber or dependent). Dependents have unique identifiers in MVP's system.** |
| 243 | **S** | **HL** | **SUBSCRIBER LEVEL** | | | |
| 244 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | Unique number assigned by the sender to identify a particular data segment in the HL structure |
| 244 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
| 245 | R | HL03 | HIERARCHICAL LEVEL CODE | 22 | 1/2 | Subscriber |
| **245** | **R** | **HL04** | HIERARCHICAL CHILD CODE | 0,1 | 1/1 | 0=No Subordinate HL Segment in This Hierarchical Structure<br>1=Additional Subordinate HL Data Segment in This<br>Hierarchical Structure |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| **246** | **S** | **TRN** | **SUBSCRIBER TRACE NUMBER** | | | **Use this segment to convey a unique trace or reference number for the patient (subscriber or dependent). 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 them selves in TRN03.** |
| 247 | R | TRN01 | TRACE TYPE CODE | 1, 2 | 1/2 | 1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers |
| 248 | R | TRN02 | TRACE NUMBER | | 1/50 | TRN02 provides **unique** identification for the transaction. |
| 248 | R | TRN03 | TRACE ASSIGNING ENTITY IDENTIFIER | | 10/10 | If TRN01 is "2", this is the value received in the original 270.<br>If TRN01 is "1", use this information to identify the organization that assigned this trace number.<br>The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used. |
| 248 | S | TRN04 | TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER | | 1/50 | If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1"Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03). |
| | | | | | | |
| | **R** | **Loop 2100C** | **SUBSCRIBER NAME** | | | **Use this loop to identify the patient (subscriber or dependent)** |
| **249** | **R** | **NM1** | **SUBSCRIBER NAME** | | | |
| 249 | R | NM101 | ENTITY IDENTIFIER CODE | IL | 2/3 | IL=Insured or Subscriber |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 250 | R | NM102 | ENTITY TYPE QUALIFIER | 1 | 1/1 | 1= Person |
| 250 | S | NM103 | SUBSCRIBER LAST NAME | | 1/60 | Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent |
| 250 | S | NM104 | SUBSCRIBER FIRST NAME | | 1/35 | Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent |
| 250 | S | NM105 | SUBSCRIBER MIDDLE NAME | | 1/25 | Subscriber Middle Name |
| 250 | NOT USED | NM106 | PREFIX | | 1/10 | NOT USED |
| 251 | S | NM107 | SUBSCRIBER NAME SUFFIX | | 1/10 | Subscriber Name Suffix |
| 251 | S | NM108 | IDENTIFICATION CODE QUALIFIER | MI | 1/2 | MI=Member ID |
| 252 | S | NM109 | SUBSCRIBER IDENTIFIER | | 2/80 | Required unless a rejection response is generated and this element was not valued in the request. Patient MVP ID number (subscriber # or dependent #) |
| **253** | **S** | **REF** | **SUBSCRIBER ADDITIONAL IDENTIFICATION** | | | |
| 254/255 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | 49, 6P | 2/3 | 49=Family Unit Number (member suffix)<br>6P=Group Number |
| 256 | R | REF02 | SUBSCRIBER SUPPLEMENTAL IDENTIFIER | | 1/50 | MVP Member's 2 digit suffix (if less then 10 then 1 digit), MVP Group Number, MVP Member #, Subscriber's SSN, Patient Account number |
| | | | | | | |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| **257** | **S** | **N3** | **SUBSCRIBER'S ADDRESS** | | | |
| 257 | R | N301 | SUBSCRIBER ADDRESS LINE | | 1/55 | Subscriber Address Line |
| 258 | S | N302 | SUBSCRIBER ADDITIONAL ADDRESS LINE | | 1/55 | Subscriber Address Line |
| | | | | | | |
| **259** | **S** | **N4** | **SUBSCRIBER CITY/STATE/ZIP CODE** | | | |
| 260 | S | N401 | SUBSCRIBER CITY NAME | | 2/30 | Subscriber City Name |
| 260 | S | N402 | SUBSCRIBER STATE CODE | | 2/2 | Subscriber State Code |
| 260 | S | N403 | SUBSCRIBER ZIP CODE | | 3/15 | Subscriber Postal Zone or ZIP Code |
| | | | | | | |
| **262** | **S** | **AAA** | **SUBSCRIBER REQUEST VALIDATION** | | | **Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.** |
| 262 | R | AAA01 | VALID REQUEST INDICATOR | Y, N | 1/1 | Y=Yes, Use this code to indicate that the request is valid; however the transaction has been rejected as identified by the code in AAA03.<br>N=No, Use this code to indicate that the request or an element in the request is not valid. |
| 263 | R | AAA03 | REJECT REASON CODE | | 2/2 | Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.<br>Refer to the 270/271 Implementation Guide for a full list of error codes. |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 264 | R | AAA04 | FOLLOW-UP ACTION CODE | C, R | 1/1 | C=Correct and resubmit, R=Resubmission Allowed |
| | | | | | | |
| **268** | **S** | **DMG** | **SUBSCRIBER DEMOGRAPHIC INFORMATION** | | | |
| 269 | S | DMG01 | DATE FORMAT QUALIFIER | D8 | 2/3 | Date Expressed in Format CCYYMMDD |
| 269 | S | DMG02 | SUBSCRIBER BIRTH DATE | | 1/35 | Subscriber or Dependent DOB |
| 269 | S | DMG03 | SUBSCRIBER GENDER CODE | F, M, U | 1/1 | F=Female M=Male U=Unknown |
| **283** | **S** | **DTP** | **SUBSCRIBER DATE** | | | **Use this segment to convey any relevant dates. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.** |
| 283 | R | DTP01 | DATE TIME QUALIFIER | 307, 472 | 3/3 | Eligibility Date, Service Date |
| 284 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | D8, RD8 | 2/3 | Date Expressed in Format CCYYMMDD<br>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 284 | R | DTP03 | DATE TIME PERIOD | | 1/35 | Date Time Period |
| | | | | | | |
| **289** | **S** | **Loop 2110C** | **SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION** | | | **This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not** |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | **rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.** |
| **289** | **S** | **EB** | **SUBSCRIBER ELIGIBILITY INFORMATION** | | | |
| 291 | R | EB01 | SERVICE TYPE CODE | 1, 6, | 1/2 | 1=Active Coverage<br>6=Inactive |
| 292 | S | EB02 | BENEFIT COVERAGE LEVEL CODE | FAM, SPC, DEP, ECH, EMP, ESP, SPO | 3/3 | Family, Spouse and Children, Dependents Only, Employee and Children, Employee Only, Employee and Spouse, Spouse Only |
| 293 | S | EB03 | SERVICE TYPE CODE | 1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC | 1/2 | Health Benefit Coverage, Medical Care, Chiropractic, Dental, Hospital, Emergency Services, Pharmacy, Professional (Physician Visit Office), Vision, Mental Health, Urgent Care. |
| 298 | S | EB04 | INSURANCE TYPE CODE | | 1/3 | Insurance Type Code |
| 299 | S | EB05 | PLAN COVERAGE DESCRIPTION | | 1/50 | Plan Coverage Description |
| 299 | S | EB06 | TIME PERIOD QUALIFIER | | 1/2 | Use this code for the time period category for the benefits being described when needed to qualify benefit availability. |
| 300 | S | EB07 | MONETARY AMOUNT | | 1/18 | Use this for Co-payment or Co-insurance Amounts |
| 301 | S | EB08 | BENEFIT PERCENT | | 1/10 | Use this percentage rate as qualified by EB01. |
| 301 | NOT USED | EB09 | QUANTITY QUALIFIER | | 2/2 | NOT USED |
| 302 | NOT USED | EB10 | BENEFIT QUANTITY | | 1/15 | NOT USED |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 302 | NOT USED | EB11 | AUTHORIZATION/CERTIFICATION INDICATOR | | 1/1 | NOT USED |
| 303 | S | EB12 | IN PLAN NETWORK INDICATOR | | 1/1 | Use If it is necessary to indicate if benefits are considered In or Out of Plan-Network or not. |
| | **S** | **Loop 2115C** | **SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION** | | | |
| **328** | **S** | **LS** | **LOOP HEADER** | | | **Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop.** |
| 328 | R | LS01 | LOOP IDENTIFIER CODE | 2120 | 1/4 | Loop Identifier Code |
| | | | | | | |
| **329** | **S** | **Loop 2120C** | **SUBSCRIBER BENEFIT RELATED ENTITY NAME** | | | |
| **329** | **S** | **NM1** | **SUBSCRIBER BENEFIT RELATED ENTITY NAME** | | | **Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.** |
| **330** | R | NM101 | ENTITY IDENTIFIER CODE | P3 | 2/3 | Primary Care Provider |
| 331 | R | NM102 | ENTITY TYPE QUALIFIER | 1 | 1/1 | 1= Person |
| 331 | S | NM103 | BENEFIT RELATED ENTITY LAST NAME | | 1/60 | Benefit Related Entity Last or Organization Name |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 331 | S | NM104 | BENEFIT RELATED ENTITY FIRST NAME | | 1/35 | Benefit Related Entity First Name |
| 332 | S | NM108 | IDENTIFICATION CODE QUALIFIER | SV | 1/2 | Service Provider Number |
| 333 | S | NM109 | BENEFIT RELATED ENTITY IDENTIFIER | | 2/80 | Benefit Related Entity Identifier |
| | | | | | | |
| **335** | **S** | **N3** | **SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS** | | | |
| 335 | R | N301 | SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS LINE | | 1/55 | Benefit Related Entity Address Line |
| 335 | S | N302 | SUBSCRIBER ADDITIONAL ADDRESS LINE | | 1/55 | Subscriber Address Line |
| | | | | | | |
| **336** | **S** | **N4** | **SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE** | | | |
| 336 | R | N401 | SUBSCRIBER BENEFIT RELATED ENTITY CITY NAME | | 2/30 | Benefit Related Entity City Name |
| 337 | R | N402 | SUBSCRIBER BENEFIT RELATED ENTITY STATE CODE | | 2/2 | Benefit Related Entity State Code |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 337 | R | N403 | SUBSCRIBER BENEFIT RELATED ENTITY ZIP CODE | | 3/15 | Benefit Related Entity Postal Zone or ZIP Code |
| **339** | **S** | **PER** | **Subscriber Benefit Related Entity Contact Information** | | | |
| **340** | **R** | PER01 | Contact Function Code | IC | 2/2 | Information Contact |
| **340** | **S** | PER02 | Name | | 1/60 | Contact's Name |
| **341** | **R** | PER03 | Communication Number Qualifier | TE | 2/2 | |
| **341** | **R** | PER04 | Communication Number | | 1/256 | The format for US domestic phone numbers is:<br>AAABBBCCCC<br>AAA = Area Code<br>BBBCCCC = Local Number |
| **344** | **S** | **PRV** | **SUBSCRIBER BENEFIT RELATED ENTITY INFORMATION** | | | **Required if required under provider-payer contract.** |
| 344 | R | PRV01 | PROVIDER CODE | PC | 1/3 | PC=Primary Care Physician |
| 345 | R | PRV02 | REFERENCE ID QUALIFIER | 9K | 2/3 | 9K=Servicer |
| 345 | R | PRV03 | PROVIDER TAXONOMY CODE | | 1/50 | Provider Identifier |
| **346** | **S** | **LE** | **LOOP TRAILER** | | | **Use this segment to identify the end of the Subscriber Benefit Related Entity Name loop.** |

| Page | REQUIRED | ELEMENT | ELEMENT DESCRIPTION | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | **TRANSACTION TRAILER** | | | |
| **450** | **R** | **SE** | **TRANSACTION SET TRAILER** | | | |
| 450 | R | SE01 | TRANSACTION SEGMENT COUNT | | 1/10 | TRANSACTION SEGMENT COUNT |
| 450 | R | SE02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Same as ST02 |
| | | | **FUNCTIONAL/INTERCHANGE TRAILERS** | | | |
| | **R** | **GE** | **FUNCTIONAL GROUP TRAILER** | | | |
| 281 | R | GE01 | NUMBER OF TRANSACTION SETS INCLUDED | | 1/6 | NUMBER OF TRANSACTION SETS INCLUDED |
| 281 | R | GE02 | GROUP CONTROL NUMBER | | 1/9 | Same as GS06 |
| | | | | | | |
| | **R** | **IEA** | **INTERCHANGE CONTROL TRAILER** | | | |
| 282 | R | IEA01 | NUMBER OF INCLUDED FUNCTIONAL GROUPS | | 1/5 | NUMBER OF INCLUDED FUNCTIONAL GROUPS |
| 282 | R | IEA02 | INTERCHANGE CONTROL NUMBER | | 9/9 | Same as ISA13 |

## 10.3 MVP Requirements for the ANSI X12 277 Transaction - Health Care Claim Status Response

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | **INTERCHANGE/FUNCTION HEADERS** | | | |
| | **R** | **ISA** | **INTERCHANGE CONTROL HEADER** | | | |
| 260 | R | ISA01 | AUTHORIZATION INFORMATION QUALIFIER | 00 | 2/2 | No Authorization Information Present in I02 |
| 260 | R | ISA02 | AUTHORIZATION INFORMATION | | 10/10 | Blank |
| 260 | R | ISA03 | SECURITY INFORMATION QUALIFIER | 00 | 2/2 | No Security Information Present in I04 |
| 260 | R | ISA04 | SECURITY INFORMATION | | 10/10 | Blank |
| 260 | R | ISA05 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 260 | R | ISA06 | INTERCHANGE SENDER ID | 141650868 | 15/15 | MVP Tax ID |
| 260 | R | ISA07 | INTERCHANGE ID QUALIFIER | 30 | 2/2 | Federal Tax ID |
| 261 | R | ISA08 | INTERCHANGE RECEIVER ID | | 15/15 | Trading Partner Tax ID |
| 261 | R | ISA09 | INTERCHANGE DATE | YYMMDD | 6/6 | Date of interchange |
| 261 | R | ISA10 | INTERCHANGE TIME | HHMM | 4/4 | Time of interchange |
| 261 | R | ISA11 | INTERCHANGE CONTROL STANDARDS IDENTIFIER | ^ | 1/1 | Repetition Separator |
| 261 | R | ISA12 | INTERCHANGE CONTROL VERSION NUMBER | 00501 | 5/5 | Draft Standards Approved by ASC X12 thru October 2003 |
| 261 | R | ISA13 | INTERCHANGE CONTROL NUMBER | Assigned by MVP | 9/9 | Must match IEA02 |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 262 | R | ISA14 | ACKNOWLEDGMENT REQUESTED | 0 | 1/1 | 0 = NO |
| 262 | R | ISA15 | TEST INDICATOR | P | 1/1 | P = production |
| 262 | R | ISA16 | COMPONENT ELEMENT SEPARATOR | : | 1/1 | Delimiter |
| | | | | | | |
| | **R** | **GS** | **FUNCTIONAL GROUP HEADER** | | | |
| 263 | R | GS01 | FUNCTIONAL IDENTIFIER CODE | HN | 2/2 | Health Care Claim Status Response |
| 263 | R | GS02 | APPLICATION SENDER'S CODE | 141650868 | 2/15 | MVP Federal Tax ID |
| 263 | R | GS03 | APPLICATION RECEIVER'S CODE | | 2/15 | Trading Partner Tax ID |
| 263 | R | GS04 | DATE | | 8/8 | Group Creation Date (CCYYMMDD) |
| 264 | R | GS05 | TIME | | 4/8 | Creation Time (HHMM) |
| 264 | | GS06 | GROUP CONTROL NUMBER | | 1/9 | Assigned by MVP |
| 264 | R | GS07 | RESPONSIBLE AGENCY CODE | X | 1/2 | Accredited Standards Committee X12 |
| 264 | R | GS08 | VERSION/RELEASE/INDUSTRY IDENTIFIER CODE | 005010X212 | 1/12 | Version Number |
| | | | | | | |
| | | | **TABLE 1 - TRANSACTION HEADER** | | | |
| | **R** | **ST** | **TRANSACTION SET HEADER** | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 106 | R | ST01 | TRANSACTION SET IDENTIFIER CODE | 277 | 3/3 | Health Care Claim Status Response |
| 106 | R | ST02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Must match SE02 control number |
| 106 | R | ST03 | IMPLEMENTATION CONVENTION REFERENCE | 005010X212 | 1/35 | |
| | | | | | | |
| | **R** | **BHT** | **BEGINNING OF HIERARCHICAL TRANSACTION** | | | Define the business structure of the transaction set; identify business application purpose and reference data. |
| 107 | R | BHT01 | HIERARCHICAL STRUCTURE CODE | 0010 | 4/4 | Information Source, Information Receiver, Provider of Service, Subscriber, Dependent |
| 107 | R | BHT02 | TRANSACTION SET PURPOSE CODE | 08 | 2/2 | Status |
| 107 | R | BHT03 | SUBMITTER TRANSACTION ID | | 150 | Trace number submitted on the 276 |
| 107 | R | BHT04 | TRANSACTION SET CREATION DATE | | 8/8 | System Date (CCYYMMDD) |
| 108 | R | BHT05 | TRANSACTION SET CREATION TIME | | 4/8 | |
| 108 | R | BHT06 | TRANSACTION TYPE CODE | DG | 2/2 | Response |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL** | | | |
| | **R** | **Loop 2000A** | **INFORMATION SOURCE LEVEL** | | | MVP is the Information Source |
| | **R** | **HL** | **INFORMATION SOURCE LEVEL** | | | |
| 109 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 110 | R | HL03 | HIERARCHICAL LEVEL CODE | 20 | 1/2 | Information source |
| 110 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100A** | **PAYER NAME** | | | |
| | **R** | **NM1** | **PAYER NAME** | | | |
| 111 | R | NM101 | ENTITY IDENTIFIER CODE | PR | 2/3 | Payer |
| 111 | R | NM102 | ENTITY TYPE QUALIFIER | 2 | 1/1 | Non person entity |
| 111 | R | NM103 | PAYER NAME | MVP | 1/60 | MVP's name |
| 112 | R | NM108 | IDENTIFICATION CODE QUALIFIER | PI | 1/2 | Payer Identification |
| 112 | R | NM109 | PAYER IDENTIFIER | 141650868 | 2/80 | MVP's Federal Tax ID |
| | | | | | | |
| | **S** | **PER** | **PAYER CONTACT INFORMATION** | | | |
| 114 | R | PER01 | CONTACT FUNCTION CODE | IC | 2/2 | Information Contact |
| 114 | S | PER02 | PAYER CONTACT NAME | Provider Claim Service | 160 | MVP department to contact with questions |
| 114 | R | PER03 | COMMUNICATION NUMBER QUALIFIER | TE | 2/2 | TE=Telephone |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 114 | R | PER04 | PAYER CONTACT COMMUNICATION NUMBER | 1-800-684-9286 | 1/256 | Contact Phone Number |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL** | | | |
| | **R** | **Loop 2000B** | **INFORMATION RECEIVER LEVEL** | | | Entity receiving response from MVP |
| | **R** | **HL** | **INFORMATION RECEIVER LEVEL** | | | |
| 116 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |
| 116 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | Parent ID Number |
| 117 | R | HL03 | HIERARCHICAL LEVEL CODE | 21 | 1/2 | Information Receiver |
| 117 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100B** | **INFORMATION RECEIVER NAME** | | | Individual or organization requesting to receive the status information. |
| | **R** | **NM1** | **INFORMATION RECEIVER NAME** | | | |
| 118 | R | NM101 | ENTITY IDENTIFIER CODE | 41 | 2/3 | Submitter |
| 118 | R | NM102 | ENTITY TYPE QUALIFIER | 1,2 | 1/1 | 1 = Person 2 = Non person entity |
| 119 | R | NM103 | INFORMATION RECEIVER LAST OR ORGANZATION NAME | | 1/60 | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 119 | S | NM104 | INFORMATION RECEIVER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 119 | S | NM105 | INFORMATION RECEIVER MIDDLE NAME | | 1/25 | |
| 119 | R | NM108 | IDENTIFICATION CODE QUALIFIER | 46 | 1/2 | Electronic Transmitter Identification Number (ETIN) |
| 119 | R | NM109 | INFORMATION RECEIVER IDENTIFICATION NUMBER | | 2/80 | Receiver Tax ID Number |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, SERVICE PROVIDER LEVEL** | | | |
| | **R** | **Loop 2000C** | **SERVICE PROVIDER LEVEL** | | | |
| | **R** | **HL** | **SERVICE PROVIDER LEVEL** | | | |
| 124 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |
| 124 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | |
| 125 | R | HL03 | HIERARCHICAL LEVEL CODE | 19 | 1/2 | Provider of Service |
| 125 | R | HL04 | HIERARCHICAL CHILD CODE | 1 | 1/1 | Additional subordinate HL data segments in this hierarchical structure |
| | | | | | | |
| | **R** | **Loop 2100C** | **PROVIDER NAME** | | | This is the rendering provider from the original submitted claim. |
| | **R** | **NM1** | **PROVIDER NAME** | | | |
| 127 | R | NM101 | ENTITY IDENTIFIER CODE | 1P | 2/3 | Provider |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 127 | R | NM102 | ENTITY TYPE QUALIFIER | 1, 2 | 1/1 | 1 = Person 2 = Non person entity |
| 127 | R | NM103 | PROVIDER LAST OR ORGANZATION NAME | | 1/60 | Provider Name |
| 127 | S | NM104 | PROVIDER FIRST NAME | | 1/35 | The first name is required when the value in NM102 is '1' |
| 127 | S | NM105 | PROVIDER MIDDLE NAME | | 1/25 | Provider Middle Name |
| 127 | S | NM107 | PROVIDER NAME SUFFIX | | 1/10 | Provider Suffix |
| 128 | R | NM108 | IDENTIFICATION CODE QUALIFIER | XX | 1/2 | National Provider ID |
| 128 | R | NM109 | PROVIDER IDENTIFIER | | 2/80 | Provider NPI |
| | | | | | | |
| | | | **TABLE 2 - DETAIL, SUBSCRIBER LEVEL** | | | |
| | **R** | **Loop 2000D** | **SUBSCRIBER LEVEL** | | | |
| | **R** | **HL** | **SUBSCIBER LEVEL** | | | |
| 134 | R | HL01 | HIERARCHICAL ID NUMBER | | 1/12 | HL Counter |
| 134 | R | HL02 | HIERARCHICAL PARENT ID NUMBER | | 1/12 | Provider HL01 |
| 134 | R | HL03 | HIERARCHICAL LEVEL CODE | 22 | 1/2 | Subscriber |
| 134 | R | HL04 | HIERARCHICAL CHILD CODE | 0 | 1/1 | Return child code from the 276 Request transaction |
| | | | | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | **R** | **Loop 2100D** | **SUBSCRIBER NAME** | | | |
| | **R** | **NM1** | **SUBSCRIBER NAME** | | | |
| 135 | R | NM101 | ENTITY IDENTIFIER CODE | IL | 2/3 | IL = Insured or Subscriber |
| 135 | R | NM102 | ENTITY TYPE QUALIFIER | 1, 2 | 1/1 | 1 = Person 2 = Non person entity |
| 136 | R | NM103 | SUBSCRIBER LAST NAME | | 1/60 | Subscriber Last Name |
| 136 | S | NM104 | SUBSCRIBER FIRST NAME | | 1/35 | Subscriber First Name |
| 136 | S | NM105 | SUBSCRIBER MIDDLE NAME | | 1/25 | Subscriber Middle Name |
| 136 | S | NM107 | SUBSCRIBER NAME SUFFIX | | 1/10 | Subscriber Suffix |
| 136 | R | NM108 | IDENTIFICATION CODE QUALIFIER | MI | 1/2 | MI=Member ID Number |
| 136 | R | NM109 | SUBSCRIBER PRIMARY IDENTIFIER | | 2/80 | MVP Member ID Number |
| | | | | | | |
| | **S** | **Loop 2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| | **S** | **TRN** | **CLAIM SUBMITTER TRACE NUMBER** | | | Required: every MVP member has a unique identification number. |
| | R | TRN01 | TRACE TYPE CODE | 2 | 1/2 | Referenced Transaction Trace Numbers |
| | R | TRN02 | TRACE NUMBER | | 1/50 | Lookup corresponding Trace |
| | | | | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | **R** | **STC** | **CLAIM LEVEL STATUS INFORMATON** | | | Required: every MVP member has a unique identification number. |
| | R | STC01 | HEALTH CARE CLAIM STATUS | | | |
| 137 | R | STC01-1 | HEALTH CARE CLAIM STATUS CATEGORY | | 1/30 | This is the Category code. Use code source 507. Level of processing achieved by the claim. |
| 137 | R | STC01-2 | HEALTH CARE CLAIM STATUS CODE | | 1/30 | This is the Claim Status code. Use code source 508. |
| 145 | R | STC02 | STATUS INFORMATION EFFECTIVE DATE | | 8/8 | Date |
| 145 | R | STC04 | TOTAL CLAIM CHARGE AMOUNT | | 1/18 | Submitted claim charges |
| 145 | R | STC05 | CLAIM PAYMENT AMOUNT | | 1/18 | Pay amount |
| 145 | S | STC06 | CLAIM ADJUDICATION DATE OR PAYMENT DATE | | 8/8 | Claim Adjudication or Payment date |
| 146 | S | STC08 | CHECK ISSUE OR EFT EFFECTIVE DATE | | 8/8 | Check Date |
| 146 | S | STC09 | CHECK OR EFT TRACE NUMBER | | 1/16 | Check Number |
| | | | | | | |
| | **S** | **REF** | **PAYER CLAIM CONTROL NUMBER** | | | Required: every MVP member has a unique identification number. |
| 149 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | 1K | 2/3 | Payer's Claim Number |
| 149 | R | REF02 | PAYER CLAIM CONTROL NUMBER | | 1/50 | MVP's Payer Claim Number |
| | | | | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | **S** | **REF** | **INSTITUTIONAL BILL TYPE IDENTIFICATION** | | | Only use this segment if the bill type is being sent in the inquiry request in connection with an institutional bill. |
| 150 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | BLT | 2/3 | Billing Type |
| 150 | R | REF02 | BILL TYPE IDENTIFIER | | 1/50 | Required institutional claim inquiries. |
| | | | | | | |
| | **S** | **DTP** | **CLAIM SERVICE DATE** | | | The date is the statement from and through date. Required for institutional claims and professional dental claims. |
| 155 | R | DTP01 | DATE TIME QUALIFIER | 472 | 3/3 | Service Date |
| 155 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | D8, RD8 | 2/3 | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 156 | R | DTP03 | CLAIM SERVICE PERIOD | | 1/35 | CCYYMMDD - CCYYMMDD |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | **S** | **Loop 2220D** | **SERVICE LINE INFORMATION** | | | |
| | **S** | **SVC** | **SERVICE LINE INFORMATION** | | | |
| 159 | R | SVC01 | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | | | SVC01-2 will contain the procedure code of the adjudicated claim. |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 159 | R | SVC01-01 | PRODUCT OR SERVICE ID QUALIFIER | | 2/2 | AD=American Dental Assoc Codes<br>HC= HCPCS codes<br>N4 = NDC in 5-4-2 format<br>NU = NUBC (revenue) codes |
| 159 | R | SVC01-02 | SERVICE IDENTIFICATION CODE | | 1/48 | Procedure Code = Service ID Qualifier is not equal to NU (National Uniform Billing Committee)<br>Institutional Revenue Code= Service ID Qualifier = NU (National Uniform Billing Committee) |
| 159 | S | SVC01-03 | PROCEDURE MODIFIER | | 2/2 | Required if submitted on the original claim service line. |
| 159 | S | SVC01-04 | PROCEDURE MODIFIER | | 2/2 | Required if submitted on the original claim service line. |
| 159 | S | SVC01-05 | PROCEDURE MODIFIER | | 2/2 | Required if submitted on the original claim service line. |
| 160 | S | SVC01-06 | PROCEDURE MODIFIER | | 2/2 | Required if submitted on the original claim service line. |
| 160 | R | SVC02 | LINE ITEM CHARGE AMOUNT | | 1/18 | This amount is the original submitted charge. |
| 160 | R | SVC03 | LINE ITEM PROVIDER PAYMENT AMOUNT | | 1/18 | |
| 160 | S | SVC04 | REVENUE CODE | | 1/48 | If Service ID Qualifier is not equal to NU (National Uniform Billing Committee) |
| 160 | R | SVC07 | ORIGINAL UNITS OF SERVICE COUNT | | 1/15 | |
| | | | | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | **S** | **STC** | **SERVICE LINE STATUS INFORMATON** | | | |
| | R | STC01 | HEALTH CARE CLAIM STATUS | | | |
| 161 | R | STC01-1 | HEALTH CARE CLAIM STATUS CATEGORY | | 1/30 | This is the Category code. Use **Code Source 507**. Level of processing achieved by the claim. |
| 161 | R | STC01-2 | HEALTH CARE CLAIM STATUS CODE | | 1/30 | This is the Claim Status code. **Code Source 508.** |
| 168 | R | STC02 | STATUS INFORMATION EFFECTIVE DATE | | 8/8 | Date |
| 168 | S | STC10 | HEALTH CARE CLAIM STATUS | | | NOT USED |
| 168 | R | STC10-1 | HEALTH CARE CLAIM STATUS CATEGORY CODE | | 1/30 | NOT USED |
| 168 | R | STC10-2 | HEALTH CARE CLAIM STATUS CODE | | 1/30 | NOT USED |
| 169 | S | STC11 | HEALTH CARE CLAIM STATUS | | | NOT USED |
| 169 | R | STC11-1 | HEALTH CARE CLAIM STATUS CATEGORY CODE | | 1/30 | NOT USED |
| 169 | R | STC11-2 | HEALTH CARE CLAIM STATUS CODE | | 1/30 | NOT USED |
| | | | | | | |
| | **S** | **REF** | **SERVICE LINE ITEM IDENTIFICATION** | | | Required when available from the original claim. |
| 171 | R | REF01 | REFERENCE IDENTIFICATION QUALIFIER | FJ | 2/3 | Line item control number |
| 171 | R | REF02 | LINE ITEM CONTROL NUMBER | | 150 | Line item control |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | **S** | **DTP** | **SERVICE LINE DATE** | | | |
| 172 | R | DTP01 | DATE TIME QUALIFIER | 472 | 3/3 | Service |
| 172 | R | DTP02 | DATE TIME PERIOD FORMAT QUALIFIER | RD8 | 2/3 | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 172 | R | DTP03 | SERVICE LINE DATE | | 1/35 | Service Date(CCYYMMDD-CCYYMMDD) |
| | | | | | | |
| | | | **TRANSACTION TRAILER** | | | |
| | **R** | **SE** | **TRANSACTION SET TRAILER** | | | |
| 213 | R | SE01 | TRANSACTION SEGMENT COUNT | | 1/10 | Map generated |
| 213 | R | SE02 | TRANSACTION SET CONTROL NUMBER | | 4/9 | Same as ST02 |
| | | | **FUNCTIONAL/INTERCHANGE TRAILERS** | | | |
| | **R** | **GE** | **FUNCTIONAL GROUP TRAILER** | | | |
| 265 | R | GE01 | NUMBER OF TRANSACTION SETS INCLUDED | | 1/6 | Map Generated |
| 265 | R | GE02 | GROUP CONTROL NUMBER | | 1/9 | Same as GS06 |
| | | | | | | |
| | **R** | **IEA** | **INTERCHANGE CONTROL TRAILER** | | | |

| PAGE | USAGE | ELEMENT ID | ELEMENT NAME | VALUES | LENGTH | DESCRIPTION |
|---|---|---|---|---|---|---|
| 266 | R | IEA01 | NUMBER OF INCLUDED FUNCTIONAL GROUPS | | 1/5 | Map Generated |
| 266 | R | IEA02 | INTERCHANGE CONTROL NUMBER | | 9/9 | Same as ISA13 |

# 11 APPENDICES

**1. Implementation Checklist**

- Review MVP Health Care companion guide for 270/271 real-time and 276/277 claim status transactions.
- Select Your Choice of /ConnectionProtocol
- Establish Authentication/Authorization
- Test with MVP EDI Services
- Implement in production

**2. Business Scenarios**

Please refer to the business scenarios presented in the TR3 guide

**3. Transmission Examples**

Please refer to the transmission examples presented in the TR3 guide.

4. Frequently Asked Questions

# 12 VERSION CHANGE LOG

| | |
|---|---|
| **Version 1.0 Original** | **Published April 19, 2005** |
| **Version 2.0 Updated for Single Brand Identity** | **Published April 27, 2009** |
| **Version 3.0 Updated for 5010**<br>**Major changes include:**<br>**Primary and Alternate search criteria**<br>**Addition of 999 Implementation Acknowledgement**<br>**Removal of Dependent loops**<br>**Changes in response codes and qualifiers**<br>**Use of XX / NPI in NM108 / NM109.** | **Effective January 1, 2011** |
| **Version 4.0 Updated for CORE Operating Rules** | **Published November 2012** |

| |
|---|
| **Content Changes**<br>**Format Changes** |
| **Version 5.0 Updated for change of platform from PNT Data to MVP/TransShuttle Published December 2017**<br>**Major Changes include:**<br>**Primary platform change from PNT Data to MVP's use of the TransShuttle platform** |