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Schenectady, NY 12305

MVP Health Care

Testing and Implementation Guide

*ANSI X12 270/271 Version 4010X092A1
Health Care Eligibility/Benefit Request and
Response:*

Member ID begins with 8

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VERSION CHANGE LOG

Version 1.0 Original	Published August 8, 2003
Version 1.1	September 24, 2003
Version 1.2 Added Request/Response Naming Conventions Loop ID's/Elements ID to bullet 4, page 6 Added Communication Specifications	October 1, 2003
Version 1.3 Modification made by MVP Health Care to include Error code table page 6.	October 30, 2003
Version 1.4 Update to Subscriber Name Segment. Changed Elements NM104, NM105, NM108 and NM109 From Required to Situational	March 12, 2004
Version 1.5 Update guide to include changes for Trizetto product .	January 20, 2005
Version 1.6 Update guide to include new search criteria and samples related to Trizetto product changes.	March 16, 2005
Version 2.0 Updated for Seamless	April 27, 2009

INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 270/271 Health Care Eligibility Benefit Inquiry and Response transaction implementation guide provides the standardized data requirements to be implemented for this transaction.

PURPOSE

The purpose of this document is to provide the information necessary to submit Health Care Benefit Inquiry transactions *for* electronically to MVP Health Care. **This companion guide is to be used in conjunction with the ANSI X12N implementation guides.** The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The HIPAA implementation guides 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/hipaa/. Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/>
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

SPECIAL CONSIDERATIONS

Request Transactions Supported

This section is intended to identify the type and version of the ASC X12 Health Care Benefit Inquiry transaction that MVP will accept.

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|--------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• 270 Health Care Benefit Inquiry Request – ASC X12N 270 (004010X092A1) |
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Response Transactions Supported

This section is intended to identify the response transactions supported by the health plan (MVP).

- | |
|---------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• 271 Health Care Benefit Inquiry Response - ASC X12N 271 (004010X092A1) |
| <ul style="list-style-type: none">• 997 Functional Acknowledgement |

Communication Specifications

MVP currently supports the receipt of the 270, Health Care Benefit Inquiry Request in batch mode.

For Batch Mode the file can be uploaded via data modem, the Internet or FTP (File Transfer Protocol) – with PGP encryption.

File naming conventions will be assigned at part of the testing process.

MVP will transmit the 271, Health Care Benefit Inquiry Response, in batch mode to its trading partners. The file can be downloaded via data modem, the Internet or FTP (File Transfer Protocol) – with PGP encryption.

File naming conventions will be assigned at part of the testing process.

Use of the 270 Health Care Benefit Inquiry Request

The 270 Health Care Benefit Inquiry Request is designed to provide eligibility benefit information for subscribers and their dependents. Although, MVP assigns different member ID numbers to subscribers and their dependents the Subscriber information is required to determine dependent eligibility within the MVP system. Eligibility benefit information receivers should:

<ul style="list-style-type: none"> • 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).
<ul style="list-style-type: none"> • Table 2 – Dependent Level Detail (Loops 2100D and 2110D) are not required.
<ul style="list-style-type: none"> • MVP will process generic based eligibility requests (Health Benefit Plan Coverage (code 30) in Loop 2110C – EQ01). Procedure based requests will be ignored.
<ul style="list-style-type: none"> • MVP search criteria (for subscriber/dependent validation) are: <ol style="list-style-type: none"> 1. Last name and First Name with Member ID (<i>Loop 2100C – NM103, NM104, NM109</i>) 2. Last name and First Name with Date of Birth (<i>Loop 2100C – NM103, NM104, DMG02</i>) 3. Last name and First Name with Member’s SSN (<i>Loop 2100C – NM103, NM104, REF02</i>) 4. Member ID with Date of Birth (<i>Loop 2100C – NM109, DMG02</i>) <p>** Dates of Eligibility/Service (2100C – DTP03 or 2110C – DTP03) will be used for all above validation lookups.</p> <p>** If the Eligibility/Service dates are not available, MVP will default to current processed date.</p> <p>** Submitting requests with all of the above criteria fields will increase eligibility search success rate.</p> <p>** Submitting group number will reduce the possibility of receiving error code 15, 67, or 68.</p> <p>** Last name and first name may be partially spelled.</p> <p>** Use the REF Segment with the 49 Qualifier within the subscriber loop when searching for a dependent.</p> <p>** The value of Segment REF Qualifier 49 returned in the 271 for Dependent does not include the leading 0 if less than 10.</p> <p>** The 270 Segment REF Qualifier 49 is returned in the 271 only for Dependents and not for Subscribers.</p>

Level of Detail Expected by the Health Care Benefit Information Receiver

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:

<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Table 2 – Dependent Level Detail will not be sent.
<ul style="list-style-type: none"> MVP will provide general eligibility response information (active or inactive in the plan).
<ul style="list-style-type: none"> MVP will provide co-payment and primary care provider information.

<ul style="list-style-type: none"> The following error codes are possible in the Subscriber – Request Validation Segment (Loop 2100C, Segment AAA, Element AAA03). 15 Insufficient search parameters 42 Unable to respond at current time 67 Patient Not Found 68 Duplicate Patient ID Number

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
Segment Terminator	~ Tilde

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

Maximum Limitations

The 270/271 transactions are being sent/received in batch mode. In batch mode, it is required that the 270 transaction contain no more than ninety nine (99) patient requests (subscriber loops).

Implementation of Eligibility Submission

There will be four phases of implementation.

1. Development Phase - An MVP appointed IT (Information Technology) Representative will contact the client's IT Representative to review these procedures. MVP will set up a client specific profile to receive eligibility requests, process eligibility requests and send eligibility responses. The client will create or modify their programs as necessary to provide MVP with the required data and to receive required data from MVP.
2. Test Phase – The client must notify MVP when they are ready to begin submitting test files. MVP and the client will set up a schedule to receive and send data across the desired media. Upon receiving the file, MVP will validate the file format and data for accuracy. MVP will run the file through the eligibility request process, which will do a series of error checking. Upon completion of the eligibility request process an eligibility response will be created. MVP will identify any errors that will assist client with submitting clean eligibility requests. The MVP IT Representative will test and identify all technical errors. During the testing phase, the EDI Coordinator will be responsible for the education of providers/hospitals with regard to EDI errors/failures. The MVP IT Representative will work closely with the EDI Coordinator to address all aspects of clean eligibility requests submission for the client. Client will review and discuss any questions or problems with MVP. The goal will be to achieve a 100% HIPAA compliant eligibility request submission prior to going live.
3. Production - Once testing has reached a 100% acceptance level and both parties have signed off, MVP will move the process into production and go live with the eligibility request and response submissions. MVP will have an eligibility request submission cut off time of 5:00pm. Files received before 5:00pm will be processed that night. Any requests received after 5:00pm will be processed after 5:00pm the next business day. Eligibility Response files will be available after 8:30am the following morning. Providers/hospitals may contact Member Services at 1-888-MVP-MBRS with questions regarding individual eligibility request and response errors. All transaction error questions should be directed to the EDI Coordinators: 877-461-4911.
4. Post Production - MVP will closely monitor the client's eligibility requests submissions for a period of two weeks. MVP will insure that the client's eligibility requests are being received, processed; an eligibility response is created and delivered to the client's mailbox properly.

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

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
		INTERCHANGE/FUNCTION HEADERS		
R	ISA	INTERCHANGE CONTROL HEADER		
R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present in I02
R	ISA02	AUTHORIZATION INFORMATION		Blank
R	ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information Present in I04
R	ISA04	SECURITY INFORMATION		Blank
R	ISA05	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA06	INTERCHANGE SENDER ID		Sender Tax ID
R	ISA07	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA08	INTERCHANGE RECEIVER ID	141650868	MVP Tax ID
R	ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	ISA10	INTERCHANGE TIME	HHMM	Time of interchange
R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	U	U.S. EDI Community of ASC X12, TDCC and UCS
R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00401	Draft Standards Approved by ASC X12 thru October 1997
R	ISA13	INTERCHANGE CONTROL NUMBER		Must match IEA02
R	ISA14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	ISA15	TEST INDICATOR	P OR T	P = production T= test
R	ISA16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	GS	FUNCTIONAL GROUP HEADER		
R	GS01	FUNCTIONAL IDENTIFIER CODE	HS	Eligibility, Coverage or Benefit Inquiry
R	GS02	APPLICATION SENDER'S CODE		Sender's Code - agreed to by trading partners
R	GS03	APPLICATION RECEIVER'S CODE	141650868	MVP Federal Tax ID
R	GS04	DATE	CCYYMMDD	Group Creation Date
R	GS05	TIME	HHMM	Creation Time
R	GS06	GROUP CONTROL NUMBER		Assigned by Sender
R	GS07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER	004010X092A1	

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
		CODE		
TABLE 1 - TRANSACTION HEADER				
R	ST	TRANSACTION SET HEADER		
R	ST01	TRANSACTION SET IDENTIFIER CODE	270	Eligibility, Coverage or Benefit Inquiry
R	ST02	TRANSACTION SET CONTROL NUMBER		Must match SE02 control number
R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		Define the business structure of the transaction set; identify business application purpose and reference data.
R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
R	BHT02	TRANSACTION SET PURPOSE CODE	13	Request
R	BHT03	SUBMITTER TRANSACTION IDENTIFIER		Batch control number assigned by submitter
R	BHT04	TRANSACTION SET CREATION DATE	CCYYMMDD	Transaction set creation date
R	BHT05	TRANSACTION SET CREATION TIME	HHMM	Transaction set creation time
S	BHT06	TRANSACTION TYPE CODE		Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation.
TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL				
Loop 2000A	R	INFORMATION SOURCE LEVEL		MVP is the Information Source
R	HL	INFORMATION SOURCE LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL03	HIERARCHICAL LEVEL CODE	20	Information source
R	HL04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segments in this hierarchical structure
Loop 2100A	R	INFORMATION SOURCE NAME		
R	NM1	INFORMATION SOURCE NAME		
R	NM101	ENTITY IDENTIFIER CODE	PR	Payer
R	NM102	ENTITY TYPE QUALIFIER	2	Non person entity
S	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	MVP's name
R	NM108	IDENTIFICATION CODE QUALIFIER	FI	Federal Tax ID

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	MVP's Federal Tax ID
TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL				
Loop 2000B	R	INFORMATION RECEIVER LEVEL		This entity expects response from the information source.
R	HL	INFORMATION RECEIVER LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	21	Information Receiver
R	HL04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segments in this hierarchical structure
Loop 2100B	R	INFORMATION RECEIVER NAME		Individual or organization requesting to receive the status information.
R	NM1	INFORMATION RECEIVER NAME		
R	NM101	ENTITY IDENTIFIER CODE	1P, 80, FA	1P= Provider, 80=Hospital, FA=Facility
R	NM102	ENTITY TYPE QUALIFIER	1, 2	1= Person 2=Non person entity
S	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		Name of entity receiving the information
S	NM104	INFORMATION RECEIVER FIRST NAME		The first name is required when the value in NM102 is '1'
S	NM105	INFORMATION RECEIVER MIDDLE NAME		Middle Name
S	NM107	INFORMATION RECEIVER NAME SUFFIX		Suffix
R	NM108	IDENTIFICATION CODE QUALIFIER	34, SV	Social Security Number, Service Provider #
R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		Social Security Number, MVP Payee ID
S	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Use this segment when needed to convey other or additional identification numbers for the information receiver.
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	TJ=Federal Tax ID
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFIER		Federal Tax ID
TABLE 2 - DETAIL, SUBSCRIBER LEVEL				
Loop 2000C	R	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.

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	HL	SUBSCRIBER LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	HL04	HIERARCHICAL CHILD CODE	0,1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure
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.
R	TRN01	TRACE TYPE CODE	1	Current Transaction Trace Numbers
R	TRN02	TRACE NUMBER		Use this number for the trace or reference number assigned by the information receiver.
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		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.
S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).
Loop 2100C	R	SUBSCRIBER NAME		Use this loop to identify the patient (subscriber or dependent).
R	NM1	SUBSCRIBER NAME		
R	NM101	ENTITY IDENTIFIER CODE	IL	IL=Insured or Subscriber
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	SUBSCRIBER LAST NAME		Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
S	NM104	SUBSCRIBER FIRST NAME		Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
S	NM105	SUBSCRIBER MIDDLE NAME		Middle Name
S	NM107	SUBSCRIBER NAME SUFFIX		Suffix

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MI=Member ID Number
S	NM109	SUBSCRIBER PRIMARY IDENTIFIER		This is the primary number that the information source associates with the patient (subscriber or dependent). Required if using for search criteria. <i>(First 9 characters of the 11 character MVP Member ID)</i>
S	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number.
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	49, 6P, 1W, EJ, SY	49=Family Unit Number 6P=Group Number 1W=Member Identification Number (if NM108=ZZ, future use with NPI) EJ=Patient Account Number SY= Subscriber SSN
R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		If Identifier is qualified in REF01 as 49 then: This is the Suffix to the Subscriber's Member Identification Number, which allows the information source to use one identification number as the base number for each family member. <i>Which is the Last 2 characters of the 11 character MVP Member ID</i>
S	N3	SUBSCRIBER'S ADDRESS		
R	N301	SUBSCRIBER ADDRESS LINE		Subscriber Address
S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		Subscriber Address
S	N4	SUBSCRIBER CITY/STATE/ZIP CODE		
S	N401	SUBSCRIBER CITY NAME		Subscriber City
S	N402	SUBSCRIBER STATE CODE		Subscriber State
S	N403	SUBSCRIBER ZIP CODE		Subscriber Zip
S	N404	SUBSCRIBER COUNTRY CODE		Subscriber Country

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S	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		
S	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
S	DMG02	SUBSCRIBER BIRTH DATE		Subscriber or dependent date of birth
S	DMG03	SUBSCRIBER GENDER CODE	F, M	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) or for the issue date of the subscriber's/dependent's identification card for the information source (e.g., Medicaid ID card). Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.
R	DTP01	DATE TIME QUALIFIER	307,472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Eligibility Date
Loop 2110C	S	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION		Use the EQ loop/segment to verify the eligibility or benefits for the patient (subscriber/dependent).
S	EQ	SUBSCRIBER ELIGIBILITY INFORMATION		
S	EQ01	SERVICE TYPE CODE	30, 1,35	Health Benefit Plan Coverage, Medical, Dental
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 request should be placed in the DTP segment in Loop 2100C.
R	DTP01	DATE TIME QUALIFIER	307,472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Eligibility Date

TABLE 3 - DETAIL, DEPENDENT LEVEL				
Loop 2000D	R	DEPENDENT LEVEL		Use this loop to request information on dependents. MVP assigns unique identifiers to dependents, so the dependent loop is not required.
R	HL	DEPENDENT LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	22	DEPENDENT
R	HL04	HIERARCHICAL CHILD CODE	0,1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure
S	TRN	DEPENDENT TRACE NUMBER		Trace numbers assigned at the dependent level are intended to allow tracing of an eligibility/benefit transaction when the dependent is the patient. The information receiver may assign one TRN segment in this loop if the dependent is the patient. A clearinghouse may assign one TRN segment in this loop if the dependent is the patient.
R	TRN01	TRACE TYPE CODE	1	Current Transaction Trace Numbers
R	TRN02	TRACE NUMBER		Use this number for the trace or reference number assigned by the information receiver.
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		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.
S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).
Loop 2100D	R	DEPENDENT NAME		Use this loop to identify the patient (dependent).
R	NM1	DEPENDENT NAME		
R	NM101	ENTITY IDENTIFIER CODE	03	03=DEPENDENT
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	DEPENDENT LAST NAME		Use this name for the patient name (DEPENDENT or dependent). Required if using for search criteria.

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S	NM104	DEPENDENT FIRST NAME		Use this name for the patient name (DEPENDENT or dependent). Required if using for search criteria.
S	NM105	DEPENDENT MIDDLE NAME		Middle Name
S	NM107	DEPENDENT NAME SUFFIX		Suffix
S	REF	DEPENDENT ADDITIONAL IDENTIFICATION		Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number.
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	6P, 1W, EJ, SY	6P=Group Number 1W=Member Identification Number (if NM108=ZZ, future use with NPI) EJ=Patient Account Number SY= DEPENDENT SSN
R	REF02	DEPENDENT SUPPLEMENTAL IDENTIFIER		Identifier is qualified in REF01
S	N3	DEPENDENT'S ADDRESS		
R	N301	DEPENDENT ADDRESS LINE		Dependent Address
S	N302	DEPENDENT ADDITIONAL ADDRESS LINE		Dependent Address
S	N4	DEPENDENT CITY/STATE/ZIP CODE		
S	N401	DEPENDENT CITY NAME		Dependent City
S	N402	DEPENDENT STATE CODE		Dependent State
S	N403	DEPENDENT ZIP CODE		Dependent Zip
S	N404	DEPENDENT COUNTRY CODE		Dependent Country
S	DMG	DEPENDENT DEMOGRAPHIC INFORMATION		
S	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
S	DMG02	DEPENDENT BIRTH DATE		DEPENDENT or dependent date of birth
S	DMG03	DEPENDENT GENDER CODE	F, M	F=Female M=Male

S	DTP	DEPENDENT DATE		Use this segment to convey the eligibility, service or admission date(s) for the patient (dependent) or for the issue date of the dependent's identification card for the information source (e.g., Medicaid ID card). Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.
R	DTP01	DATE TIME QUALIFIER	307,472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Eligibility Date
Loop 2110C	S	DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION		Use the EQ loop/segment to verify the eligibility or benefits for the patient (dependent).
S	EQ	DEPENDENT ELIGIBILITY INFORMATION		
S	EQ01	SERVICE TYPE CODE	30, 1	Health Benefit Plan Coverage, Medical
S	DTP	DEPENDENT 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 request should be placed in the DTP segment in Loop 2100C.
R	DTP01	DATE TIME QUALIFIER	307,472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Eligibility Date
TRANSACTION TRAILER				
R	SE	TRANSACTION SET TRAILER		
R	SE01	TRANSACTION SEGMENT COUNT		Map generated
R	SE02	TRANSACTION SET CONTROL NUMBER		Same as ST02

FUNCTIONAL/INTERCHANGE TRAILERS				
R	GE	FUNCTIONAL GROUP TRAILER		
R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		Map Generated
R	GE02	GROUP CONTROL NUMBER		Same as GS06
R	IEA	INTERCHANGE CONTROL TRAILER		
R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Map Generated
R	IEA02	INTERCHANGE CONTROL NUMBER		Same as ISA13

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

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
INTERCHANGE/FUNCTION HEADERS				
R	ISA	INTERCHANGE CONTROL HEADER		
R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present in I02
R	ISA02	AUTHORIZATION INFORMATION		Blank
R	ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information Present in I04
R	ISA04	SECURITY INFORMATION		Blank
R	ISA05	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA06	INTERCHANGE SENDER ID	141650868	MVP Tax ID
R	ISA07	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA08	INTERCHANGE RECEIVER ID		Trading Partner Tax ID
R	ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	ISA10	INTERCHANGE TIME	HHMM	Time of interchange
R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	U	U.S. EDI Community of ASC X12, TDCC and UCS
R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00401	Draft Standards Approved by ASC X12 thru October 1997
R	ISA13	INTERCHANGE CONTROL NUMBER		Must match IEA02
R	ISA14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	ISA15	TEST INDICATOR	P OR T	P = production T= test
R	ISA16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	GS	FUNCTIONAL GROUP HEADER		
R	GS01	FUNCTIONAL IDENTIFIER CODE	HB	Healthcare Eligibility Benefit Inquiry Response (271)
R	GS02	APPLICATION SENDER'S CODE	141650868	MVP Federal Tax ID
R	GS03	APPLICATION RECEIVER'S CODE		Trading Partner Tax ID
R	GS04	DATE	CCYYMMDD	Group Creation Date - Map generated
R	GS05	TIME	HHMM	Creation Time - Map generated
	GS06	GROUP CONTROL NUMBER		Assigned by MVP

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	GS07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	004010X092A1	Version Code
TABLE 1 - TRANSACTION HEADER				
R	ST	TRANSACTION SET HEADER		
R	ST01	TRANSACTION SET IDENTIFIER CODE	271	Eligibility, Coverage, or Benefit Information (271)
R	ST02	TRANSACTION SET CONTROL NUMBER		Must match SE02 control number - map generated
R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	1	Define the business structure of the transaction set; identify business application purpose and reference data.
R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	Information Source, Information Receiver, Provider Service, Subscriber, Dependent
R	BHT02	TRANSACTION SET PURPOSE CODE	11	Response
S	BHT03	SUBMITTER TRANSACTION ID		Assigned value by MVP
R	BHT04	TRANSACTION SET CREATION DATE	CCYYMMDD	System Date
R	BHT05	TRANSACTION SET CREATION TIME	HHMMSS	System Time
TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL				
Loop 2000A	R	INFORMATION SOURCE LEVEL		MVP is the Information Source
R	HL	INFORMATION SOURCE LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		HL Counter
R	HL03	HIERARCHICAL LEVEL CODE	20	Information source
R	HL04	HIERARCHICAL CHILD CODE	0,1	Additional subordinate HL data segments in this hierarchical structure. 0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Structure
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.
R	AAA01	VALID REQUEST INDICATOR	Y, N	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. N=No Use this code to indicate that the request or an element in the request is not valid.

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	AAA03	REJECT REASON CODE	15, 42, 67, 68	15= Required application data missing 42= Unable to Receiver at Current Time 67= Patient not Found 68= Duplicate Patient ID Number
R	AAA04	FOLLOW-UP ACTION CODE	C, N	C=Correct and resubmit R=Resubmission allowed
Loop 2100A	R	INFORMATION SOURCE NAME		
R	NM1	INFORMATION SOURCE NAME		
R	NM101	ENTITY IDENTIFIER CODE	PR	Payer
R	NM102	ENTITY TYPE QUALIFIER	2	2=Non person entity
S	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	MVP's name Use this name for the organization name if NM102 is "2".
R	NM108	IDENTIFICATION CODE QUALIFIER	FI	Federal Tax ID
R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	MVP's Federal Tax ID
S	REF	INFORMATION SOURCE ADDITIONAL IDENTIFICATION		Use this segment when needed to convey other or additional information.
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	18	18=Plan Number
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Plan Number
S	REF03	DESCRIPTION		
TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL				
Loop 2000B	S	INFORMATION RECEIVER LEVEL		Entity receiving response from MVP
R	HL	INFORMATION RECEIVER LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		HL Counter
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL Source
R	HL03	HIERARCHICAL LEVEL CODE	21	Information Receiver
R	HL04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segments in this hierarchical structure 1=Additional Subordinate HL Data Segment in This Structure
Loop 2100B	R	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.
R	NM1	INFORMATION RECEIVER NAME		

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REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	NM101	ENTITY IDENTIFIER CODE	1P, 80, FA	1P= Provider 80=Hospital FA=Facility
R	NM102	ENTITY TYPE QUALIFIER	1,2	1= Person 2=Non person entity
S	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		Name of entity receiving the information
S	NM104	INFORMATION RECEIVER FIRST NAME		The first name is required when the value in NM102 is '1'
S	NM105	INFORMATION RECEIVER MIDDLE NAME		Middle Name
S	NM107	INFORMATION RECEIVER NAME SUFFIX		Suffix
R	NM108	IDENTIFICATION CODE QUALIFIER	34, SV	Social Security Number, Service Provider #
R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		Social Security Number, MVP Payee ID
S	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Use this segment when needed to convey other or additional identification numbers for the information receiver.
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	TJ=Federal Tax ID
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Federal Tax ID
S	REF03	LICENSE NUMBER STATE CODE		State Code
TABLE 2 - DETAIL, SUBSCRIBER LEVEL				
Loop 2000C	S	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.
	S	HL		
		SUBSCRIBER LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	HL04	HIERARCHICAL CHILD CODE	0,1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure

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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 themselves in TRN03.
R	TRN01	TRACE TYPE CODE	1, 2	1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers
R	TRN02	TRACE NUMBER		Trace Number
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1", use this information to identify the organization that assigned this trace number. 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.
S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		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).
Loop 2100C	R	SUBSCRIBER NAME		Use this loop to identify the patient (subscriber or dependent)
R	NM1	SUBSCRIBER NAME		
R	NM101	ENTITY IDENTIFIER CODE	IL	IL=Insured or Subscriber
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	SUBSCRIBER LAST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
S	NM104	SUBSCRIBER FIRST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
S	NM105	SUBSCRIBER MIDDLE NAME		Middle Name
S	NM107	SUBSCRIBER NAME SUFFIX		Suffix
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MI=Member ID Number Required unless a rejection response is generated and this element was not valued in the request.
S	NM109	SUBSCRIBER IDENTIFIER		Required unless a rejection response is generated and this element was not valued in the request. Patient MVP ID number (subscriber # or dependent #)

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S	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	49, 6P, 1W, EJ, SY	49=Family Unit Number 6P=Group Number 1W=Member Identification Number (if NM108=ZZ, future use with NPI) EJ=Patient Account Number SY= Subscriber SSN
R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		MVP Member's 2 digit suffix (if less than 10 then 1 digit), MVP Group Number, MVP Member #, Subscriber's SSN, Patient Account number
S	N3	SUBSCRIBER'S ADDRESS		
R	N301	SUBSCRIBER ADDRESS LINE		Subscriber Address
S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		Subscriber Address 2
S	N4	SUBSCRIBER CITY/STATE/ZIP CODE		
S	N401	SUBSCRIBER CITY NAME		Subscriber City
S	N402	SUBSCRIBER STATE CODE		Subscriber State
S	N403	SUBSCRIBER ZIP CODE		Subscriber Zip Code
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.
R	AAA01	VALID REQUEST INDICATOR	Y,N	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. N=No Use this code to indicate that the request or an element in the request is not valid.
R	AAA03	REJECT REASON CODE		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. Refer to the 270/271 Implementation Guide for a full list of error codes.
R	AAA04	FOLLOW-UP ACTION CODE	C	C=Correct and resubmit

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S	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		
S	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
S	DMG02	SUBSCRIBER BIRTH DATE		Subscriber or Dependent DOB
S	DMG03	SUBSCRIBER GENDER CODE	F, M, U	F=Female M=Male U=Unknown
S	DTP	SUBSCRIBER DATE		
R	DTP01	DATE TIME QUALIFIER	307, 472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
R	DTP03	DATE TIME PERIOD		[Begin Date/End Date]
Loop 2110C	S	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 rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
S	EB	SUBSCRIBER ELIGIBILITY INFORMATION		
R	EB01	SERVICE TYPE CODE	1, 6, B, D, L	1=Active Coverage 6=Inactive B=Co-payment D= Benefit Description L=Primary Care Provider
S	EB02	BENEFIT COVERAGE LEVEL CODE	FAM, SPC, DEP, ECH, EMP, ESP, SPO	Family, Spouse and Children, Dependents Only, Employee and Children, Employee Only, Employee and Spouse, Spouse Only
S	EB03	SERVICE TYPE CODE	30,1, 35, 48, 50, 86, 98	Health Benefit Coverage, Medical Care, Dental, Hospital-Inpatient, Hospital-Outpatient, Emergency Services, Office Visit
S	EB04	INSURANCE TYPE CODE		Insurance Type Code
S	EB05	PLAN COVERAGE DESCRIPTION		Coverage Description
S	EB07	MONETARY AMOUNT		Use this for Co-payment or Co-insurance Amounts
S	EB11	AUTHORIZATION OR CERTIFICATION INDICATOR		Certification Indicator
S	EB12	IN PLAN NETWORK INDICATOR		Network Indicator

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Loop 2115C	S	SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION		
S	LS	LOOP HEADER		Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120C is used.
R	LS01	LOOP IDENTIFIER CODE	2120	Loop Code
Loop 2120C	S	SUBSCRIBER BENEFIT RELATED ENTITY NAME		
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.
R	NM101	ENTITY IDENTIFIER CODE	P3	Primary Care Provider
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	BENEFIT RELATED ENTITY LAST NAME		Primary Care Provider last name
S	NM104	BENEFIT RELATED ENTITY FIRST NAME		Primary Care Provider first name
S	NM108	IDENTIFICATION CODE QUALIFIER	SV	Service Provider Number
S	NM109	BENEFIT RELATED ENTITY IDENTIFIER		MVP Primary Care Provider #
S	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS		
R	N301	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS LINE		Subscriber Benefit Address
S	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE		
R	N401	SUBSCRIBER BENEFIT RELATED ENTITY CITY NAME		Subscriber Benefit City
R	N402	SUBSCRIBER BENEFIT RELATED ENTITY STATE CODE		Subscriber Benefit State
R	N403	SUBSCRIBER BENEFIT RELATED ENTITY ZIP CODE		Subscriber Benefit Zip Code

S	PRV	SUBSCRIBER BENEFIT RELATED ENTITY INFORMATION		Required if required under provider-payer contract.
R	PRV01	PROVIDER CODE	PC	PC=Primary Care Physician
R	PRV02	REFERENCE ID QUALIFIER	9K	9K=Servicer
R	PRV03	PROVIDER TAXONOMY CODE		Taxonomy Code
TABLE 3 - DETAIL, DEPENDENT LEVEL				
Loop 2000D	S	DEPENDENT LEVEL		This loop will be used to supply eligibility information for the patient (dependent). Dependents have unique identifiers in MVP's system.
S	HL	DEPENDENT LEVEL		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	23	DEPENDENT
R	HL04	HIERARCHICAL CHILD CODE	0	0=No Subordinate HL Segment in This Hierarchical Structure
S	TRN	DEPENDENT TRACE NUMBER		Use this segment to convey a unique trace or reference number for the patient (dependent). If the dependent is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify themselves in TRN03.
R	TRN01	TRACE TYPE CODE	1, 2	1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers
R	TRN02	TRACE NUMBER		Trace Number
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1", use this information to identify the organization that assigned this trace number. 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.
S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		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).

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Loop 2100D	R	DEPENDENT NAME		Use this loop to identify the patient.
R	NM1	DEPENDENT NAME		
R	NM101	ENTITY IDENTIFIER CODE	03	03=DEPENDENT
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	DEPENDENT LAST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - dependent
S	NM104	DEPENDENT FIRST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - dependent
S	NM105	DEPENDENT MIDDLE NAME		Middle Name
S	NM107	DEPENDENT NAME SUFFIX		Suffix
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MI=Member ID Number Required unless a rejection response is generated and this element was not valued in the request.
S	NM109	DEPENDENT IDENTIFIER		Required unless a rejection response is generated and this element was not valued in the request. Dependents Patient MVP ID number.
S	REF	DEPENDENT ADDITIONAL IDENTIFICATION		
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	49, 6P, 1W, EJ, SY	49=Family Unit Number 6P=Group Number 1W=Member Identification Number (if NM108=ZZ, future use with NPI) EJ=Patient Account Number SY= DEPENDENT SSN
R	REF02	DEPENDENT SUPPLEMENTAL IDENTIFIER		MVP Member's 2 digit suffix (if less then 10 then 1 digit), MVP Group Number, MVP Member #, Patient Account number, dependent's SSN
S	N3	DEPENDENT'S ADDRESS		
R	N301	DEPENDENT ADDRESS LINE		Dependent Address
S	N302	DEPENDENT ADDITIONAL ADDRESS LINE		Dependent Address 2
S	N4	DEPENDENT CITY/STATE/ZIP CODE		
S	N401	DEPENDENT CITY NAME		Dependent City
S	N402	DEPENDENT STATE CODE		Dependent State
S	N403	DEPENDENT ZIP CODE		Dependent Zip Code

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S	AAA	DEPENDENT 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.
R	AAA01	VALID REQUEST INDICATOR	Y, N	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. N=No Use this code to indicate that the request or an element in the request is not valid.
R	AAA03	REJECT REASON CODE		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. Refer to the 270/271 Implementation Guide for a full list of error codes.
R	AAA04	FOLLOW-UP ACTION CODE	C	C=Correct and resubmit
S	DMG	DEPENDENT DEMOGRAPHIC INFORMATION		
S	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
S	DMG02	DEPENDENT BIRTH DATE		DEPENDENT or Dependent DOB
S	DMG03	DEPENDENT GENDER CODE	F, M, U	F=Female M=Male U=Unknown
S	DTP	DEPENDENT 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.
R	DTP01	DATE TIME QUALIFIER	307, 472	Eligibility, Service
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Begin Date/End Date
Loop 2110D	S	DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION		This segment is required if the DEPENDENT is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
S	EB	DEPENDENT ELIGIBILITY INFORMATION		
R	EB01	SERVICE TYPE CODE	1, 6, B, D, L	1=Active Coverage 6=Inactive B=Co-payment D= Benefit Description L=Primary Care Provider

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S	EB02	BENEFIT COVERAGE LEVEL CODE	FAM, SPC, DEP, ECH, EMP, ESP, SPO	Family, Spouse and Children, Dependents Only, Employee and Children, Employee Only, Employee and Spouse, Spouse Only
S	EB03	SERVICE TYPE CODE	30,1, 35, 48, 50, 86, 98	Health Benefit Coverage, Medical Care, Dental, Hospital-Inpatient, Hospital-Outpatient, Emergency Services, Office Visit
S	EB04	INSURANCE TYPE CODE		Insurance Type Code
S	EB05	PLAN COVERAGE DESCRIPTION		Coverage Description
S	EB07	MONETARY AMOUNT		Use this for Co-payment or Co-insurance Amounts
S	EB11	AUTHORIZATION OR CERTIFICATION INDICATOR		Certification Indicator
S	EB12	IN PLAN NETWORK INDICATOR		Network Indicator
Loop 2115D	S	DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION		
S	LS	LOOP HEADER		Use this segment to identify the beginning of the DEPENDENT Benefit Related Entity Name loop. Because both the Dependent's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120C is used.
R	LS01	LOOP IDENTIFIER CODE	2120	
Loop 2120D	S	DEPENDENT BENEFIT RELATED ENTITY NAME		
S	NM1	DEPENDENT 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.
R	NM101	ENTITY IDENTIFIER CODE	P3	Primary Care Provider
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	BENEFIT RELATED ENTITY LAST NAME		Primary Care Provider last name
S	NM104	BENEFIT RELATED ENTITY FIRST NAME		Primary Care Provider first name
S	NM108	IDENTIFICATION CODE QUALIFIER	SV	Service Provider Number
S	NM109	BENEFIT RELATED ENTITY IDENTIFIER		MVP Primary Care Provider Number

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S	N3	DEPENDENT BENEFIT RELATED ENTITY ADDRESS		
R	N301	DEPENDENT BENEFIT RELATED ENTITY ADDRESS LINE		Dependent Benefit Address
S	N4	DEPENDENT BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE		
R	N401	DEPENDENT BENEFIT RELATED ENTITY CITY NAME		Dependent Benefit City
R	N402	DEPENDENT BENEFIT RELATED ENTITY STATE CODE		Dependent Benefit State
R	N403	DEPENDENT BENEFIT RELATED ENTITY ZIP CODE		Dependent Benefit Zip Code
S	PRV	DEPENDENT BENEFIT RELATED ENTITY INFORMATION		Required if required under provider-payer contract.
R	PRV01	PROVIDER CODE	PC	PC=Primary Care Physician
R	PRV02	REFERENCE ID QUALIFIER	9K	9K=Servicer
R	PRV03	PROVIDER TAXONOMY CODE		
S	LE	LOOP TRAILER		Use this segment to identify the end of the DEPENDENT Benefit Related Entity Name loop.
R	LE01	LOOP IDENTIFIER CODE	2120	
		TRANSACTION TRAILER		
R	SE	TRANSACTION SET TRAILER		
R	SE01	TRANSACTION SEGMENT COUNT		Map generated
R	SE02	TRANSACTION SET CONTROL NUMBER		Same as ST02

FUNCTIONAL/INTERCHANGE TRAILERS				
R	GE	FUNCTIONAL GROUP TRAILER		
R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		Map Generated
R	GE02	GROUP CONTROL NUMBER		Same as GS06
R	IEA	INTERCHANGE CONTROL TRAILER		
R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Map Generated
R	IEA02	INTERCHANGE CONTROL NUMBER		Same as ISA13

MVP Examples for the ANSI X12 271 Transaction - Health Care Eligibility and Benefit Response

Example 1 Subscriber Last Name, First Name, and MVP ID

000452REF001ISA*00* *00* *30*141702923 *30*141650868
*010821*1548*U*00401*000000020*0*P*:-~
GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
ST*270*0001~
BHT*0022*13*10001234*20041118*1319~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*0~
TRN*1*270-50*9000000000~
NM1*IL*1***SUBSCRIBER*WILL******MI*999999999~
REF*49*00~
EQ*1~
SE*12*0001~
GE*1*000001~
IEA*1*000000020~

~~~~~  
ISA\*00\* \*00\* \*30\*141650868 \*30\*14170  
2923 \*050316\*1609\*U\*00401\*000000020\*0\*P\*:-~  
GS\*HB\*141650868\*141702923\*20050316\*0001\*000001\*X\*004010X092A1~  
ST\*271\*0001~  
BHT\*0022\*11\*10001234\*20050316\*1609~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MVP HEALTH CARE\*\*\*\*\*FI\*141650868~  
REF\*18\*A1000017\*+,NYSHIP,203-N~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*GOODDOCTOR\*SARAH\*\*\*\*34\*005589326~  
HL\*3\*2\*22\*0~  
TRN\*2\*270-50\*9000000000~  
NM1\*IL\*1\***SUBSCRIBER\*WILL**\*C\*\*\*MI\*999999999~  
REF\*6P\*214402\*NEW YORK STATE~  
REF\*SY\*111112222~  
N3\*PO BOX 84~  
N4\*PETERSBURG\*NY\*12138~  
PER\*IC\*\*HP\*5186583053~  
DMG\*D8\*19270526\*M~  
INS\*Y\*18~  
DTP\*307\*D8\*20050316~  
EB\*1\*ESP\*1\*\*A1000017~  
DTP\*307\*D8\*20050316~  
EB\*D\*ESP\*86~  
EB\*B\*ESP\*86\*\*\*\*50.00~  
EB\*D\*ESP\*48~  
EB\*D\*ESP\*98~  
EB\*B\*ESP\*98\*\*\*\*10.00~  
EB\*D\*ESP\*96~  
EB\*B\*ESP\*96\*\*\*\*10.00~  
EB\*L\*ESP\*1~  
LS\*2120~  
NM1\*P3\*2\*PRIMARY CARE, CHARLES A.~

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N3\*16 DANFORTH ST~  
N4\*HOOSICK FALLS\*NY\*12090~  
PRV\*PC\*9K\*77777~  
LE\*2120~  
SE\*35\*0001~  
GE\*1\*000001~  
IEA\*1\*000000020~

\* Note 270 Segment REF Qualifier 49 is returned in the 271 only for Dependents not for Subscribers

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Example 2 Subscriber Last Name, First Name, and DOB

ISA\*00\* \*00\* \*30\*141702923 \*30\*141650868  
\*010821\*1548\*U\*00401\*000000020\*0\*P\*::~~  
GS\*HS\*SenderDept\*ReceiverDept\*20040823\*1548\*000001\*X\*004010X092A1~  
ST\*270\*0001~  
BHT\*0022\*13\*10001234\*20041118\*1319~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MVP HEALTH CARE\*\*\*\*\*FI\*141650868~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*GOODDOCTOR\*SARAH\*\*\*\*34\*22222222~  
HL\*3\*2\*22\*0~  
TRN\*1\*270-47\*9000000000~  
NM1\*IL\*1\***SUBSCRIBER\*MAGDA**~  
DMG\*D8\***19270526**~  
EQ\*1~  
SE\*12\*0001~  
GE\*1\*000001~  
IEA\*1\*000000020~

~~~~~  
ISA*00* *00* *30*141650868 *30*14170 2923
*050316*1422*U*00401*000000020*0*P*::~~
GS*HB*141650868*141702923*20050316*0001*000001*X*004010X092A1~
ST*271*0001~BHT*0022*11*10001234*20050316*1422~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
REF*18*NBRIGHT1*Brighton Central School District Major Medical Health Plan~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*0~
TRN*2*270-47*9000000000~
NM1*IL*1***SUBSCRIBER*MAGDA****MI*999999999**~
REF*6P*242722*BRIGHTON CENTRAL SCHOOL DISTRICT~
REF*SY*1114455555~
N3*108 SAWMILL DR~
N4*PENFIELD*NY*14526~
DMG*D8***19270526***F~
INS*Y*18~
DTP*307*D8*20050316~
EB*1*EMP*1**NBRIGHT1~
DTP*307*D8*20050316~
SE*20*0001~
GE*1*000001~
IEA*1*000000020~

Example 3 Subscriber Last Name, First Name, and SSN

000451REF001ISA*00* *00* *30*141702923 *30*141650868
*010821*1548*U*00401*000000020*0*P*:-~
GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
ST*270*0001~
BHT*0022*13*10001234*20041118*1319~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*0~
TRN*1*270-48*9000000000~
NM1*IL*1***SUBSCRIBER*MARY ANN**~
REF*SY*111442222~
EQ*1~
SE*12*0001~
GE*1*000001~
IEA*1*000000020~

ISA*00* *00* *30*141650868 *30*14170
2923 *050316*1423*U*00401*000000020*0*P*:-~
GS*HB*141650868*141702923*20050316*0001*000001*X*004010X092A1~
ST*271*0001~
BHT*0022*11*10001234*20050316*1423~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
REF*18*NBRIGHT1*Brighton Central School District Major Medical Health Plan~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*0~
TRN*2*270-48*9000000000~
NM1*IL*1***SUBSCRIBER*MARY ANN******MI*99999999~
REF*6P*242722*BRIGHTON CENTRAL SCHOOL DISTRICT~
REF*SY*111442222~
N3*130 DALE ROAD~
N4*ROCHESTER*NY*14625~
DMG*D8*19270526*F~
INS*Y*18~
DTP*307*D8*20050316~
EB*1*EMP*1**NBRIGHT1~
DTP*307*D8*20050316~
SE*20*0001~
GE*1*000001~
IEA*1*000000020~

Example 4 Subscriber MVP ID, and DOB

ISA*00* *00* *30*141702923 *30*141650868
 *010821*1548*U*00401*000000020*0*P*:-~
 GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
 ST*270*0001~
 BHT*0022*13*10001234*20041118*1319~
 HL*1**20*1~
 NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
 HL*2*1*21*1~
 NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
 HL*3*2*22*0~
 NM1*IL*1*****MI*999999999~
 REF*49*00~
 DMG*D8*19270526~
 EQ*1~
 SE*12*0001~
 GE*1*000001~
 IEA*1*000000020~

 ISA*00* *00* *30*141650868 *30*14170 2923
 *050316*1607*U*00401*000000020*0*P*:-~
 GS*HB*141650868*141702923*20050316*0001*000001*X*004010X092A1~
 ST*271*0001~
 BHT*0022*11*10001234*20050316*1607~
 HL*1**20*1~
 NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
 REF*18*A1000017*+,NYSHIP,203-N~
 HL*2*1*21*1~
 NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
 HL*3*2*22*0~
 NM1*IL*1***SUBSCRIBER*WILL*C*****MI*999999999~
 REF*6P*214402*NEW YORK STATE~
 REF*SY*111442222~
 N3*PO BOX 84~
 N4*PETERSBURG*NY*12138~
 PER*IC**HP*5186583053~
 DMG*D8*19270526*M~
 INS*Y*18~
 DTP*307*D8*20050316~
 EB*1*ESP*1**A1000017~
 DTP*307*D8*20050316~
 EB*D*ESP*86~
 EB*B*ESP*86****50.00~
 EB*D*ESP*48~
 EB*D*ESP*98~
 EB*B*ESP*98****10.00~
 EB*D*ESP*96~
 EB*B*ESP*96****10.00~
 EB*L*ESP*1~
 LS*2120~
 NM1*P3*2*PRIMARY PHYSICIAN, CHARLES A.~
 N3*16 DANFORTH ST~
 N4*HOOSICK FALLS*NY*12090~
 PRV*PC*9K*11271~
 LE*2120~
 SE*34*0001~

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GE*1*000001~
IEA*1*000000020~

* Note 270 Segment REF Qualifier 49 is returned in the 271 only for Dependents not for Subscribers

Example 5 Dependent Last Name, First Name, and MVP ID

ISA*00* *00* *30*141702923 *30*141650868
*010821*1548*U*00401*000000020*0*P*::~~
GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
ST*270*0001~
BHT*0022*13*10001234*20041118*1319~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*1~
NM1*IL*1*****MI*99999999~
REF*49*02~
HL*4*3*23*0~
TRN*1*270-44*9000000000~
NM1*03*1***DEPENDENT*ANDREW~**
EQ*1~
SE*14*0001~
GE*1*000001~
IEA*1*000000020~

ISA*00* *00* *30*141650868 *30*14170
2923 *050317*1403*U*00401*000000020*0*P*::~~
GS*HB*141650868*141702923*20050317*0001*000001*X*004010X092A1~
ST*271*0001~
BHT*0022*11*10001234*20050317*1403~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
REF*18*H1501561*18,20,203-N,201,216-N,49,228-N,14~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*1~
NM1*IL*1*SUBSCRIBER*FRANCINE*M***MI*99999999~
HL*4*3*23*0~
TRN*2*270-44*9000000000~
NM1*03*1***DEPENDENT*ANDREW*D***MI*99999999~**
REF*6P*214444*FEDERAL GOVERNMENT~
REF*SY*111442222~
REF*49*2~
N3*RR 1 BOX 456 BECKER RD~
N4*COBLESKILL*NY*12043~
PER*IC**HP*5187620077~
DMG*D8*20020115*M~
INS*N*19~
DTP*307*D8*20050317~
EB*6*FAM*1**H1501561~
DTP*307*D8*20050317~
SE*24*0001~
GE*1*000001~
IEA*1*000000020~

* Note: The value of Segment REF Qualifier 49 returned in the 271 for Dependent does not include the leading 0 if less than 10.

Example 6 Dependent Last Name, First Name, and SSN

```

ISA*00*      *00*      *30*141702923  *30*141650868
*010821*1548*U*00401*000000020*0*P*::~~
GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
ST*270*0001~
BHT*0022*13*10001234*20041118*1319~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*1~
NM1*IL*1~
HL*4*3*23*0~
TRN*1*270-49*9000000000~
NM1*03*1*DEPENDENT*JANET~
REF*SY*111442222~
EQ*1~
SE*14*0001~
GE*1*000001~
IEA*1*000000020~

~~~~~
ISA*00*      *00*      *30*141650868  *30*141702923
*050316*1722*U*00401*000000020*0*P*::~~
GS*HB*141650868*141702923*20050316*0001*000001*X*004010X092A1~
ST*271*0001~
BHT*0022*11*10001234*20050316*1722~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
REF*18*A1000017*+,NYSHIP,203-N~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*1~
NM1*IL*1*SUBSCRIBER*WILLIAM*C***MI*999999999~
HL*4*3*23*0~
TRN*2*270-49*9000000000~
NM1*03*1*DEPENDENT*JANET*M***MI*999999999~
REF*6P*214402*NEW YORK STATE~
REF*SY*111442222~
REF*49*1~
N3*POBOX 84~
N4*PETERSBURG*NY*12138~
PER*IC**HP*5186583053~
DMG*D8*19270527*F~
INS*N*01~
DTP*307*D8*20050316~
EB*1*ESP*1**A1000017~
DTP*307*D8*20050316~
EB*D*ESP*86~
EB*B*ESP*86****50.00~
EB*D*ESP*48~
EB*D*ESP*98~
EB*B*ESP*98****10.00~
EB*D*ESP*96~
    
```

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EB*B*ESP*96****10.00~
EB*L*ESP*1~
LS*2120~
NM1*P3*1*PRIMARY PHYSICIAN, CHARLES A.~
N3*16 DANFORTH ST~
N4*HOOSICK FALLS*NY*12090~
PRV*PC*9K*11271~
LE*2120~
EB*R*ESP*1~
LS*2120~
NM1*PRP*2*MEDICARE PART B~
LE*2120~
SE*42*0001~
GE*1*000001~
IEA*1*000000020~

* Note: The value of Segment REF Qualifier 49 returned in the 271 for Dependent does not include the leading 0 if less than 10.

Example 7 Dependent MVP ID, and DOB

ISA*00* *00* *30*141702923 *30*141650868
*010821*1548*U*00401*000000020*0*P*:~
GS*HS*SenderDept*ReceiverDept*20040823*1548*000001*X*004010X092A1~
ST*270*0001~
BHT*0022*13*10001234*20041118*1319~
HL*1**20*1~
NM1*PR*2*MVP HEALTH CARE*****FI*141650868~
HL*2*1*21*1~
NM1*1P*1*GOODDOCTOR*SARAH****34*22222222~
HL*3*2*22*1~
NM1*IL*1*****MI*999999999~
REF*49*01~
HL*4*3*23*0~
TRN*1*270-43*9000000000~
NM1*03*1~
DMG*D8*20021215~
EQ*1~
SE*15*0001~
GE*1*000001~
IEA*1*000000020~

~~~~~  
ISA\*00\* \*00\* \*30\*141650868 \*30\*14170 2923  
\*050316\*1421\*U\*00401\*000000020\*0\*P\*:~  
GS\*HB\*141650868\*141702923\*20050316\*0001\*000001\*X\*004010X092A1~  
ST\*271\*0001~  
BHT\*0022\*11\*10001234\*20050316\*1421~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MVP HEALTH CARE\*\*\*\*\*FI\*141650868~  
REF\*18\*H1501561\*18,20,203-N,201,216-N,49,228-N,14~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*GOODDOCTOR\*SARAH\*\*\*\*34\*22222222~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\***SUBSCRIBER**\*FRANCINE\*M\*\*\*MI\*999999999~  
HL\*4\*3\*23\*0~  
TRN\*2\*270-43\*9000000000~  
NM1\*03\*1\***DEPENDENT**\*BABY\*\*\*\*MI\*999999999~  
REF\*6P\*214444\*FEDERAL GOVERNMENT~  
**REF\*49\*1~**

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N3\*RR 1 BOX 456 BECKER RD~  
N4\*COBLESKILL\*NY\*12043~  
PER\*IC\*\*HP\*5187620077~  
DMG\*D8\*20020112\*M~  
INS\*N\*19~  
DTP\*307\*D8\*20050316~  
EB\*6\*FAM\*98\*\*H1501561~  
DTP\*307\*D8\*20050316~  
SE\*23\*0001~  
GE\*1\*000001~  
IEA\*1\*000000020~

**\* Note: The value of Segment REF Qualifier 49 returned in the 271 for Dependent does not include the leading 0 if less than 10.**