

HEALTHpac 270/271 Message Elements

Version 1.1

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ELDORADO COMPUTING, INC.



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1 Introduction

1.1 General comments

This document describes the HIPAA 270/271 standard message elements that are or may be used by Healthpac.

When reading 270 messages, there are no restrictions on the number of patients' eligibility inquiries in a transaction set or the number of transaction sets in a message other than those dictated by memory limitations of the computer that is running HEALTHpac's X12 Manager.

When creating 271 messages, HEALTHpac will include just one patient in a transaction set. A message may contain more than one transaction set. The maximum number of transaction sets in a message is configurable.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; “R*” means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the use of the item. In particular, “**II**” means “**ignored inbound**” (to Healthpac), and “**CO**” means “**configurable outbound**” (from Healthpac)

HEALTHpac ignores many inbound elements, though syntax checking is done on *all* elements and errors are noted even for elements that HEALTHpac doesn't use.

Elements that are II and that are never transmitted are not listed in this document. Elements that are II but that are transmitted are listed with the appropriate note.

1.2 Related documents

HEALTHpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 270 Message Elements

2.1 Header, Info Source and Info Receiver

The BHT segment from the header and the NM1 segments from the Information Source and the Information Receiver levels are used only to populate these same segments in the response.

2.2 Subscriber

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Subscriber Trace number	Trace Number	2000C	TRN	02	R*	AN	30	
Subscriber Trace number	Trace Assigning Entity ID	2000C	TRN	03	R*	AN	10	
Subscriber Trace number	Trace Assigning Addl Entity ID	2000C	TRN	04	S	AN	30	
Subscriber Name	Last name	2100C	NM1	03	S	ID	35/15	
Subscriber Name	First name	2100C	NM1	04	S	AN	25/15	
Subscriber Name	Middle name	2100C	NM1	05	S	AN	25/1	
Subscriber Name	Name Suffix	2100C	NM1	07	S	AN	10/6	
Subscriber Name	Member ID	2100C	NM1	09	S	AN	80/15	Only for NM108 = MI
Subscriber Additional ID	Subscriber Supplemental ID (SSN)	2100C	REF	02	R*	AN	30/9	Only for REF01 = SY
Subscriber Address	Address	2100C	N3	01	R*	AN	55/30	
Subscriber Address	Address	2100C	N3	02	S	AN	55/30	

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Subscriber City/State/Zip	City name	2100C	N4	01	S	AN	30/15	
Subscriber City/State/Zip	State name	2100C	N3	02	S	ID	2	
Subscriber City/State/Zip	Postal code	2100C	N4	03	S	ID	15/9	
Subscriber Demographic Info	Subscriber birth date	2100C	DMG	02	S	AN	35/8	
Subscriber Demographic Info	Subscriber gender	2100C	DMG	03	S	ID	1	
Subscriber Date	Date Time Qualifier	2100C	DTP	01	R*	ID	3	Only "307"
Subscriber Date	Date Time Period Format Qualifier	2100C	DTP	02	R*	ID	3	
Subscriber Date	Date Time Period	2100C	DTP	03	R*	AN	35/16	
Subscriber Elig or Benefit Inquiry	Service Type Code	2110C	EQ	01	S	ID	2	
Subscriber Elig/ Benefit Date	Date Time Qualifier	2110C	DTP	01	R*	ID	3	Only "307"
Subscriber Elig/Benefit Date	Date Time Period Format Qualifier	2110C	DTP	02	R*	ID	3	
Subscriber Elig/Benefit Date	Date Time Period	2110C	DTP	03	R*	AN	35/16	

HEALTHpac uses the subscriber's social security number (SSN) as the insured ID. If the subscriber ID code qualifier is "MI" in NM108, it is assumed that NM109 contains the SSN. Otherwise the number is taken from REF02 where REF01 is "SY".

Only dates which correspond to requests for Eligibility (DTP01 = "307") will be used. If no eligibility dates are submitted, the date the transaction is processed will be used.

The service types will be mapped to HEALTHpac products, configurable for each entity.

2.3 Dependent

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Trace number	Trace Number	2000D	TRN	02	R*	AN	30	
Subscriber Trace number	Trace Assigning Entity ID	2000D	TRN	03	R*	AN	10	
Subscriber Trace number	Trace Assigning Addl Entity ID	2000D	TRN	04	S	AN	30	
Dependent Name	Last name	2100D	NM1	03	S	ID	35/15	
Dependent Name	First name	2100D	NM1	04	S	AN	25/15	
Dependent Name	Middle name	2100D	NM1	05	S	AN	25/1	
Dependent Name	Name Suffix	2100D	NM1	07	S	AN	10/6	
Dependent Additional ID	Dependent Supplemental ID (SSN)	2100D	REF	02	R*	AN	30/9	Only for REF01 = SY
Dependent Address	Address	2100D	N3	01	R*	AN	55/30	
Dependent Address	Address	2100D	N3	02	S	AN	55/30	
Dependent City/State/Zip	City name	2100D	N4	01	S	AN	30/15	
Dependent City/State/Zip	State name	2100D	N3	02	S	ID	2	
Dependent City/State/Zip	Postal code	2100D	N4	03	S	ID	15/9	
Dependent Demographic Info	Dependent birth date	2100D	DMG	02	S	AN	35/8	
Dependent Demographic Info	Dependent gender	2100D	DMG	03	S	ID	1	

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Relationship	Individual Relationship Code	2100D	INS	02	R*	ID	2	
Dependent Date	Date Time Qualifier	2100	DTP	01	R*	ID	3	Only "307"
Dependent Date	Date Time Period Format Qualifier	2100C	DTP	02	R*	ID	3	
Dependent Date	Date Time Period	2100C	DTP	03	R*	AN	35/16	
Dependent Elig or Benefit Inquiry	Service Type Code	2110C	EQ	01	S	ID	2	
Dependent Elig/ Benefit Date	Date Time Qualifier	2110C	DTP	01	R*	ID	3	Only "307"
Dependent Elig/Benefit Date	Date Time Period Format Qualifier	2110C	DTP	02	R*	ID	3	
Dependent Elig/Benefit Date	Date Time Period	2110C	DTP	03	R*	AN	35/16	

Only dates which correspond to requests for Eligibility (DTP01 = "307") will be used. If no eligibility dates are submitted, the date the transaction is processed will be used.

The service types will be mapped to HEALTHpac products, configurable for each entity.

3 271 Message Elements

3.1 Header, Info Source and Info Receiver

The data in the BHT segment from the header and the NM1 segments from the Information Source and the Information Receiver levels are copied from these same segments in the request.

3.2 Subscriber

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Subscriber Trace number	Trace Number	2000C	TRN	02	R*	AN	30	From request
Subscriber Trace number	Trace Assigning Entity ID	2000C	TRN	03	R*	AN	10	From request
Subscriber Trace number	Trace Assigning Addl Entity ID	2000C	TRN	04	S	AN	30	From request
Subscriber Name	Last name	2100C	NM1	03	S	ID	35/15	From request if patient not found
Subscriber Name	First name	2100C	NM1	04	S	AN	25/15	From request if patient not found
Subscriber Name	Middle name	2100C	NM1	05	S	AN	25/1	From request if patient not found
Subscriber Name	Name Suffix	2100C	NM1	07	S	AN	10/6	
Subscriber Name	Member ID	2100C	NM1	09	S	AN	80/15	Only for NM108 = MI; From request if patient not found
Subscriber Address	Address	2100C	N3	01	R*	AN	55/30	
Subscriber Address	Address	2100C	N3	02	S	AN	55/30	

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Subscriber City/State/Zip	City name	2100C	N4	01	S	AN	30/15	
Subscriber City/State/Zip	State name	2100C	N3	02	S	ID	2	
Subscriber City/State/Zip	Postal code	2100C	N4	03	S	ID	15/9	
Subscriber Request Validation	Valid Request Indicator	2100C	AAA	01	R*	ID	1	Set to N – No
Subscriber Request Validation	Reject Reason Code	2100C	AAA	03	R*	ID	2	Set to 75 – Subscriber/Insured Not Found
Subscriber Request Validation	Follow-up Reason Code	2100C	AAA	04	R*	ID	1	Set to C – Please Correct and Resubmit
Subscriber Demographic Info	Subscriber birth date	2100C	DMG	02	S	AN	35/8	Only return from Healthpac if subscriber is the patient; From request if patient not found
Subscriber Demographic Info	Subscriber gender	2100C	DMG	03	S	ID	1	Only return from Healthpac if subscriber is the patient; From request if patient not found
Subscriber Relationship	Maintenance Type Code	2100C	INS	03	S	ID	3	Set to 001 – Change
Subscriber Relationship	Maintenance Reason Code	2100C	INS	04	S	ID	3	Set to 25 – Change in Identifying Data Elements
Subscriber Date	Date Time Qualifier	2100C	DTP	01	R*	ID	3	Only “307”
Subscriber Date	Date Time Period Format Qualifier	2100C	DTP	02	R*	ID	3	
Subscriber Date	Date Time Period	2100C	DTP	03	R*	AN	35/16	
Subscriber Elig or Benefit	Eligibility or Benefit	2110C	EB	01	R*	ID	2	

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Inquiry	Information							
Subscriber Elig or Benefit Inquiry	Coverage Level Code	2110C	EB	02	S	ID	3	
Subscriber Elig or Benefit Inquiry	Service Type Code	2110C	EB	03	S	ID	2	
Subscriber Elig or Benefit Inquiry	Plan Coverage Description	2110C	EB	05	S	AN	50/30	
Subscriber Elig/ Benefit Date	Date Time Qualifier	2110C	DTP	01	R*	ID	3	Only "307"
Subscriber Elig/Benefit Date	Date Time Period Format Qualifier	2110C	DTP	02	R*	ID	3	
Subscriber Elig/Benefit Date	Date Time Period	2110C	DTP	03	R*	AN	35/16	
Subscriber Request Validation	Valid Request Indicator	211C	AAA	01	R*	ID	1	Set to N - No
Subscriber Request Validation	Reject Reason Code	211C	AAA	03	R*	ID	2	Set to 57 – Invalid/Missing Date(s) of Service
Subscriber Request Validation	Follow-up Reason Code	211C	AAA	04	R*	ID	1	Set to C - Please Correct and Resubmit

The AAA segments are only included in responses for which the errors apply. An AAA segment can be included in some of the 2110C loops while EB segments are included for others. The INS segment for the subscriber is only included in the response if the data elements used to identify the subscriber have changed from the request to the response.

3.3 Dependent

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Trace number	Trace Number	2000D	TRN	02	R*	AN	30	From request
Dependent Trace number	Trace Assigning Entity ID	2000D	TRN	03	R*	AN	10	From request
Dependent Trace number	Trace Assigning Addl Entity ID	2000D	TRN	04	S	AN	30	From request
Dependent Name	Last name	2100D	NM1	03	S	ID	35/15	From request if patient not found
Dependent Name	First name	2100D	NM1	04	S	AN	25/15	From request if patient not found
Dependent Name	Middle name	2100D	NM1	05	S	AN	25/1	From request if patient not found
Dependent Name	Name Suffix	2100D	NM1	07	S	AN	10/6	
Dependent Address	Address	2100D	N3	01	R*	AN	55/30	
Dependent Address	Address	2100D	N3	02	S	AN	55/30	
Dependent City/State/Zip	City name	2100D	N4	01	S	AN	30/15	
Dependent City/State/Zip	State name	2100D	N3	02	S	ID	2	
Dependent City/State/Zip	Postal code	2100D	N4	03	S	ID	15/9	
Dependent Request Validation	Valid Request Indicator	2100D	AAA	01	R*	ID	1	N – No
Dependent Request Validation	Reject Reason Code	2100D	AAA	03	R*	ID	2	67 – Patient Not Found
Dependent Request Validation	Follow-up Reason Code	2100D	AAA	04	R*	ID	1	C – Please Correct and Resubmit
Dependent Demographic Info	Dependent birth date	2100D	DMG	02	S	AN	35/8	From request if patient not found
Dependent Demographic Info	Dependent gender	2100D	DMG	03	S	ID	1	From request if patient not found

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Relationship	Individual Relationship Code	2100D	INS	02	R*	ID	2	
Dependent Relationship	Maintenance Type Code	2100D	INS	03	S	ID	3	001 – Change
Dependent Relationship	Maintenance Reason Code	2100D	INS	04	S	ID	3	25 – Change in Identifying Data Elements
Dependent Date	Date Time Qualifier	2100	DTP	01	R*	ID	3	307 - Eligibility
Dependent Date	Date Time Period Format Qualifier	2100C	DTP	02	R*	ID	3	
Dependent Date	Date Time Period	2100C	DTP	03	R*	AN	35/16	
Dependent Elig or Benefit Inquiry	Eligibility or Benefit Information	2110C	EB	01	R*	ID	2	
Dependent Elig or Benefit Inquiry	Service Type Code	2110C	EB	03	S	ID	2	
Dependent Elig or Benefit Inquiry	Plan Coverage Description	2110C	EB	05	S	AN	50/30	
Dependent Elig/ Benefit Date	Date Time Qualifier	2110C	DTP	01	R*	ID	3	307 - Eligibility
Dependent Elig/Benefit Date	Date Time Period Format Qualifier	2110C	DTP	02	R*	ID	3	
Dependent Elig/Benefit Date	Date Time Period	2110C	DTP	03	R*	AN	35/16	
Dependent Request Validation	Valid Request Indicator	211C	AAA	01	R*	ID	1	N - No
Dependent Request Validation	Reject Reason Code	211C	AAA	03	R*	ID	2	57 – Invalid/Missing Date(s) of Service

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Request Validation	Follow-up Reason Code	211C	AAA	04	R*	ID	1	C - Please Correct and Resubmit

The AAA segments are only included in responses for which the errors apply. An AAA segment can be included in some of the 2110C loops while EB segments are included for others. The INS segment for the dependent only included elements 03 and 04 if the data elements used to identify the dependent have changed from the request to the response.

4 Checklist of configurable items

There is a configurable translator between the HIPAA service type and the HEALTHpac product type.