

eMedNY

**New York State Department Of
Health Office Of Health
Insurance Programs**

**270 Eligibility, Coverage or
Benefit Inquiry Companion
Guide**

NPI EDITION

HIPAA V4010X092A1 270: Eligibility, Coverage or Benefit Inquiry

Version: 4.0

Publication:	6/20/2008
Trading Partner:	eMedNY

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270

Eligibility, Coverage or Benefit Inquiry

Functional Group=HS

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

COMPANION GUIDE DISCLAIMER:

The New York State Department Of Health (NYSDOH) has provided this Medicaid Companion Guide for the 270 – Eligibility, Coverage or Benefit Inquiry ASC X12N Transaction and associated addendum (004010X092A1) to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the Addendum version of the transaction. NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that is provided within this Companion Guide. NYSDOH has provided the information on www.nyhipaadesk.com as a tool to make the Provider's job easier in preparing electronic transactions in a HIPAA compliant manner.

NYSDOH does not offer individual training to assist Providers in the use of the ASC X12N transactions provided on www.nyhipaadesk.com.

The information provided herein is believed to be true and correct based on the Addenda Version of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation is updated or revised.

CG MODIFICATION TRACKING:

>V4.0

06/20/2008

- Added NPI information into NYS MEDICAID NOTE of the "Eligibility, Coverage or Benefit Inquiry" section.

- Added NPI information to following Loop(s) and segment(s):

LOOP	SEGMENT	ELEMENT
2100B	NM1	HEADER; NM108; NM109
2100C	PRV	HEADER; PRV02; PRV03

- Added Reference Identification Qualifier 'EJ' (Loop 2100C, REF-01).

V3.0

09/18/2007

- Removed phone system options information from NYS Medicaid Note in front matter, leaving the call center 800 number. Added note to refer to Technical Supplementary Guide.

NATIONAL PROVIDER IDENTIFIER (NPI):

ALL NYS MEDICAID PROVIDERS WHO ARE HEALTH CARE PROVIDERS ARE REQUIRED TO VISIT EMEDNY.ORG TO REGISTER THEIR NPI(S) AS SOON AS POSSIBLE.

As per the Administrative Simplification provision (Standard for Unique Health Identifier for Health Care Providers), of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the National Provider Identifier (NPI) was adopted as the standard (unique health identifier) for health care providers for use in the health care system.

The New York State Department of Health (NYSDOH) will not be ready to implement the NPI system changes by May 23, 2008. As a result, NYS Medicaid provider IDs and license numbers will continue to be required for processing until the NPI system release is installed. This release is currently scheduled for September 1st, 2008. To find out how to obtain an NPI, please visit www.cms.hhs.gov/NationalProvIdentStand.

IMPORTANT NOTE: All updates provided in this guide are only intended to allow our trading partners to prepare for NPI. Since the 270 transaction can not handle both identifiers (NPI and legacy), **TRADING PARTNERS WILL NEED TO CONTINUE SENDING THEIR LEGACY IDENTIFIERS UNTIL SEPTEMBER 2008**, at which time eMedNY will be ready to accept the NPI for processing.

NYSDOH has developed the National Provider Identifier (NPI) Web Enabled Entry process as a means for providers/submitters to communicate their NPI to eMedNY. The NPI Web Enabled Entry system can be accessed by going to www.emedny.org and clicking on "Enter NPI" located in the green box on the right of the screen. It is required to register all NPI(s) associated with a NYS Medicaid provider by using the web-enabled application on the emedny.org website. A batch process for reporting the NPI to eMedNY is also available. Refer to the "NPI Information" area at www.emedny.org for the file specification for the batch process.

All submitters should be aware that the NPI will be the only permitted provider identifier (except for non-healthcare providers) other than Tax-ID. The NYS Medicaid Provider ID, the Locator Code, and the License Number will all be disallowed.

NYS MEDICAID NOTE:

The 270, Health Care Eligibility - Coverage or Benefit Inquiry ASC X12N (004010X092A1) Implementation Guide (IG), Transaction has been established by Health and Human Services as the standard for Eligibility or Benefit Inquiry compliance.

The Companion Guide, which is provided by the New York State Department Of Health (NYSDOH), outlines the required format for the New York State Medicaid Eligibility, Coverage or Benefit Inquiry. It is important that Providers study the Companion Guide and become familiar with the data that will be received by NYSDOH in transmission of a 270 Eligibility, Coverage or Benefit Inquiry Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the IG. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. Although not all available codes are listed in this document, NYSDOH will accept any codes named or listed in the HIPAA IG. When necessary, a "NYS MEDICAID NOTE" is included to describe NYSDOH specific requirements. These notes provide guidance to ensure proper processing of the transaction.

It is important to understand that NYSDOH has provided "NYS MEDICAID NOTE(s)" stating "NYSDOH will ignore data when provided" in some segments ("required" or "situational"). The intent here is to advise the submitting entity to submit data (for "required" segments), but that the data will not be used for NYS Medicaid transaction processing. The IG lists all loops, segments, and elements. The Companion Guide may omit some of the previously mentioned IG items, unless they are defined as required in the IG, or the situation requires their use for NYS Medicaid processing. Although not all IG items are listed in the Companion Guide, NYS Medicaid will accept all transactions that comply with the HIPAA IG. Providers are encouraged to use the IG to understand the positioning of the data examples provided for every segment, since our Companion Guide may not list all the elements.

NAME SEARCH FEATURE:

The Name Search feature gives the capability to perform MEVS Eligibility Inquiries on Medicaid recipients who have not provided their CIN or access number at the time of service.

SUPPORT:

Please refer to the Technical Supplementary Companion Guide for information about transaction header structures, transaction size limits, electronic communications methods, and enrollment as a trading partner. This document is available for download at nyhipaadesk.com.

For further assistance, NYSDOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <https://www.nyhipaadesk.com>, which will provide Companion Guide updates and other pertinent information. In addition, questions may be sent to NYSDOH's Test Support Team at nyhipaadesk@csc.com.

Providers with questions may call the eMedNY Call Center at: 1-800-343-9000.

Please be advised that Unit representatives will only answer questions related to New York Medicaid HIPAA requirements.

The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: www.wpc-edi.com/hipaa. Pharmacy Providers can acquire the NCPDP Implementation Guide from www.ncpdp.org.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ST	Transaction Set Header	M	1			Required
020	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A						≥1	
010	HL	Information Source Level	M	1			Required
LOOP ID - 2100A						1	
030	NM1	Information Source Name	M	1			Required
LOOP ID - 2000B						≥1	
010	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B						1	
030	NM1	Information Receiver Name	M	1			Required
090	PRV	Information Receiver Provider Information	O	1			Situational
LOOP ID - 2000C						≥1	
010	HL	Subscriber Level	M	1			Required
020	TRN	Subscriber Trace Number	O	2		N2/020	Situational
LOOP ID - 2100C						1	
030	NM1	Subscriber Name	M	1			Required
040	REF	Subscriber Additional Identification	O	9			Situational
090	PRV	Provider Information	O	1			Situational
100	DMG	Subscriber Demographic Information	O	1			Situational
120	DTP	Subscriber Date	O	2			Situational
LOOP ID - 2110C						99	
130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1			Situational
135	AMT	Subscriber Spend Down Amount	O	1			Situational
LOOP ID - 2000D						≥1	
010	HL	Dependent Level	O	1			Situational
210	SE	Transaction Set Trailer	M	1			Required

ST Transaction Set Header

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

User Option (Usage): Required

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

HIPAA IG Notes:

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

Example:

ST*270*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required	1
		<p>Description: Code uniquely identifying a Transaction Set</p> <p>HIPAA IG Note: Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.</p>					
		<u>Code</u>	<u>Name</u>				
		270	Eligibility, Coverage or Benefit Inquiry				
ST02	329	Transaction Set Control Number	M	AN	4/9	Required	1
		<p>Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set</p> <p>HIPAA IG Note: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.</p>					

BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

HIPAA IG Notes:

1. Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.

Example:

BHT*0022*13*199800114000001*19980101*1400~

BHT*0022*36**19980101*1400*RU~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required	1
<p>Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set</p> <p>HIPAA IG Note: Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.</p>							
		<u>Code</u>	<u>Name</u>				
		0022	Information Source, Information Receiver, Subscriber, Dependent				
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required	1
<p>Description: Code identifying purpose of transaction set</p> <p>NYS MEDICAID NOTE: NYSDOH expects value '13'.</p>							
		<u>Code</u>	<u>Name</u>				
		13	Request				
BHT03	127	Reference Identification	O	AN	1/30	Situational	1
<p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Industry: Submitter Transaction Identifier</p> <p>HIPAA IG Note: This element is required to be used if the transaction is processed in Real Time.</p> <p>This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to</p>							

handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction Identifier in their 271 response if one is submitted.
NYS MEDICAID NOTE: NYSDOH will return data when received.

BHT04	373	<p>Date</p> <p>Description: Date expressed as CCYYMMDD</p> <p>Industry: Transaction Set Creation Date</p> <p>HIPAA IG Note: Use this date for the date the transaction set was generated.</p>	O	DT	8/8	Required	1
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BHT05	337	<p>Time</p> <p>Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)</p> <p>Industry: Transaction Set Creation Time</p> <p>HIPAA IG Note: Use this time for the time the transaction set was generated.</p>	O	TM	4/8	Required	1
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BHT06	640	<p>Transaction Type Code</p> <p>Description: Code specifying the type of transaction</p> <p>HIPAA IG Note: Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation. Use this code when necessary to further specify the type of transaction to a Medicaid program that supports this functionality.</p>	O	ID	2/2	Situational	1
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<u>Code</u>	<u>Name</u>
RT	<p>Spend Down</p> <p>HIPAA IG Note: "Spend Down" is a term used by certain Medicaid programs when a recipient must pay a predetermined amount out of his or her own pocket before full coverage benefits are applied. In order to decrement the amount the recipient must pay out of pocket, a 270 transaction must be sent in with this code.</p>
RU	<p>Medical Services Reservation</p> <p>HIPAA IG Note: "Medical Services Reservation" is a term used by certain Medicaid programs when a recipient is allowed a predetermined amount of a particular service. To decrement the count, a Medical Services Reservation must be sent in. In the event that the service is not rendered, an additional 270 must be sent in with a BHT02 with a code "01" to cancel the Medical Services Reservation.</p>

HL Information Source Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

HIPAA IG Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
2. In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.
3. An example of the overall structure of the transaction set when used in batch mode is:
 Information Source (Loop 2000A)
 Information Receiver (Loop 2000B)
 Subscriber (Loop 2000C)
 Dependent (Loop 2000D)
 Eligibility or Benefit Inquiry Dependent (Loop 2000D) Eligibility or Benefit Inquiry Subscriber (Loop 2000C)
 Eligibility or Benefit Inquiry

Example:

HL*1**20*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HIPAA IG Note: Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). An example of the use of the HL segment and this data element is: HL*1**20*1~ NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~	M	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure HIPAA IG Note: All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.	M	ID	1/2	Required	1
		Code Name 20 Information Source Description: Identifies the payor, maintainer, or source of the information					
HL04	736	Hierarchical Child Code	O	ID	1/1	Required	1
NYSDOH				7			eMedNY

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

HIPAA IG Note: Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

<u>Code</u>	<u>Name</u>
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1**Information Source Name**

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required**Purpose:** To supply the full name of an individual or organizational entity**HIPAA IG Notes:**

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

Example:

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

NYS MEDICAID NOTE:

The NM1 segment is used to identify the eligibility or benefits information source (NYSDOH).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual NYS MEDICAID NOTE: NYSDOH expects value 'PR'. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>PR</td> <td>Payer</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	PR	Payer	M	ID	2/3	Required	1
<u>Code</u>	<u>Name</u>										
PR	Payer										
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity HIPAA IG Note: Use this code to indicate whether the entity is an individual person or an organization. NYS MEDICAID NOTE: NYSDOH expects qualifier '2'. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	2	Non-Person Entity	M	ID	1/1	Required	1
<u>Code</u>	<u>Name</u>										
2	Non-Person Entity										
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Information Source Last or Organization Name HIPAA IG Note: Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information. NYS MEDICAID NOTE: This data element must contain 'NYSDOH'.	O	AN	1/35	Situational	1				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source	C	ID	1/2	Required	1				

is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.
NYS MEDICAID NOTE: NYSDOH expects qualifier 'FI' to indicate the Federal Taxpayer ID Number in NM109.

<u>Code</u>	<u>Name</u>					
FI	Federal Taxpayer's Identification Number					
NM109	67	Identification Code	C	AN	2/80	Required 1

Description: Code identifying a party or other code

Industry: Information Source Primary Identifier

HIPAA IG Note: Use this reference number as qualified by the preceding data element (NM108).

NYS MEDICAID NOTE: NYSDOH expects '141797357'.

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

HL Information Receiver Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

HIPAA IG Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
2. In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with in an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.
3. An example of the overall structure of the transaction set when used in batch mode is:
 Information Source (Loop 2000A)
 Information Receiver (Loop 2000B)
 Subscriber (Loop 2000C)
 Dependent (Loop 2000D)
 Eligibility or Benefit Inquiry
 Dependent (Loop 2000D)
 Eligibility or Benefit Inquiry
 Subscriber (Loop 2000C)
 Eligibility or Benefit Inquiry

Example:

HL*2*1*21*1~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HIPAA IG Note: Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). An example of the use of the HL segment and this data element is: HL*1**20*1~ NM1*PR*2*ABC INSURANCE COMPANY****PI*842610001~ HL*2*1*21*1~ NM1*1P*1*JONES*MARCUS***MD*SV*0202034~	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to HIPAA IG Note: Use this code to identify the specific hierarchical level to which this level is subordinate.	O	AN	1/12	Required	1

HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
<p>Description: Code defining the characteristic of a level in a hierarchical structure</p> <p>HIPAA IG Note: All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.</p>							

<u>Code</u>	<u>Name</u>
21	Information Receiver
	Description: Identifies the provider or party(ies) who are the recipient(s) of the information

HL04	736	Hierarchical Child Code	O	ID	1/1	Required	1
<p>Description: Code indicating if there are hierarchical child data segments subordinate to the level being described</p> <p>HIPAA IG Note: Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.</p> <p>Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in HL04 at the Loop 2000B level will always be "1".</p>							

<u>Code</u>	<u>Name</u>
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Information Receiver Name

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

User Option (Usage): Required

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

HIPAA IG Notes:

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

Example:

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

NYS MEDICAID NOTE:

NYSDOH expects to receive the requesting provider's NPI in this segment, for all covered entities, after NYSDOH's implementation of NPI. For details, refer to NYS Medicaid Note of element NM108 and NM109.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>												
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual NYS MEDICAID NOTE: NYSDOH expects one of the following values: <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1P</td> <td>Provider</td> </tr> <tr> <td>2B</td> <td>Third-Party Administrator</td> </tr> <tr> <td>80</td> <td>Hospital Description: An institution where the ill or injured may receive medical treatment</td> </tr> <tr> <td>FA</td> <td>Facility</td> </tr> <tr> <td>GP</td> <td>Gateway Provider Description: Identifies a gateway access provider</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1P	Provider	2B	Third-Party Administrator	80	Hospital Description: An institution where the ill or injured may receive medical treatment	FA	Facility	GP	Gateway Provider Description: Identifies a gateway access provider	M	ID	2/3	Required	1
<u>Code</u>	<u>Name</u>																		
1P	Provider																		
2B	Third-Party Administrator																		
80	Hospital Description: An institution where the ill or injured may receive medical treatment																		
FA	Facility																		
GP	Gateway Provider Description: Identifies a gateway access provider																		
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity HIPAA IG Note: Use this code to indicate whether the entity is an individual person or an organization. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required	1						
<u>Code</u>	<u>Name</u>																		
1	Person																		
2	Non-Person Entity																		
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Information Receiver Last or Organization Name HIPAA IG Note: Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or benefit information.	O	AN	1/35	Situational	1												
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Situational	1												

		<p>Industry: Information Receiver First Name HIPAA IG Note: Use this name only if NM102 is "1".</p>											
NM105	1037	<p>Name Middle</p> <p>Description: Individual middle name or initial Industry: Information Receiver Middle Name HIPAA IG Note: Use this name only if NM102 is "1".</p>	O	AN	1/25	Situational	1						
NM107	1039	<p>Name Suffix</p> <p>Description: Suffix to individual name Industry: Information Receiver Name Suffix HIPAA IG Note: Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use this only if NM102 is "1".</p>	O	AN	1/10	Situational	1						
NM108	66	<p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID. NYS MEDICAID NOTE: NYSDOH expects qualifier 'XX' in this data element, for all Covered Entities. All Non-Covered Entities must submit qualifier 'SV' in this data element. Prior to NYSDOH's implementation of NPI, 'SV' will be the only qualifier accepted in this data element.</p>	C	ID	1/2	Required	1						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>SV</td> <td>Service Provider Number HIPAA IG Note: Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. HIPAA IG Note: See code source 537.</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	SV	Service Provider Number HIPAA IG Note: Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.	XX	Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. HIPAA IG Note: See code source 537.					
<u>Code</u>	<u>Name</u>												
SV	Service Provider Number HIPAA IG Note: Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.												
XX	Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. HIPAA IG Note: See code source 537.												
NM109	67	Identification Code	C	AN	2/80	Required	1						

Description: Code identifying a party or other code

Industry: Information Receiver Identification Number

HIPAA IG Note: Use this reference number as qualified by the preceding data element (NM108).

NYS MEDICAID NOTE: NYSDOH expects to receive the requesting provider's NPI in this data element, when the qualifier in NM108 is 'XX'. When the qualifier in NM108 is 'SV', the requesting provider's NYS Medicaid ID must be sent in this data element.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

PRV Information Receiver Provider Information

Pos: 090	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

HIPAA IG Notes:

1. This segment is used to convey additional information about a provider's role in the eligibility/benefit being inquired about and who is also the Information Receiver. For example, if the Information Receiver is also the Referring Provider, this PRV segment would be used to identify the provider's role.
2. PRV02 qualifies PRV03.

Example:

PRV*PE*ZZ*203BA0504N~

NYS MEDICAID NOTE:

NYSDOH will return data when received. NYSDOH only requires this segment when a Provider Taxonomy code is required to derive the Category of Service or Specialty Code. Refer to the '270-278 Supplemental Document for Taxonomy Usage' for more information.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider NYS MEDICAID NOTE: NYSDOH expects value 'SB'.	M	ID	1/3	Required	1
		Code Name SB Submitting					
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used.	M	ID	2/3	Required	1
		Code Name ZZ Mutually Defined HIPAA IG Note: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.					
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Receiver Provider Specialty Code HIPAA IG Note: Use this number for the reference number as qualified by the preceding data element (PRV02). NYS MEDICAID NOTE: NYSDOH expects the requesting Provider's Taxonomy Code in this data element. If this segment is submitted this is a	M	AN	1/30	Required	1

required data element. Provider
Taxonomy codes can be obtained from
the following URL:
<http://www.wpc-edi.com/codes>

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

HL Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

HIPAA IG Notes:

1. If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient.

If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient.

Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.

2. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

3. An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Subscriber (Loop 2000C)

Eligibility or Benefit Inquiry

Example:

HL*3*2*22*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

HIPAA IG Note: Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

HL*1**20*1~

NM1*PR*2*ABC INSURANCE
COMPANY*****PI*842610001~

HL*2*1*21*1~

NM1*1P*1*JONES*MARCUS****MD*SV*0
202034~

HL*3*2*22*1~

NM1*IL*1*SMITH*ROBERT*B***MI*1112
2333301~

HL*4*3*23*0~

NM1*03*1*SMITH*MARY*LOU~

Eligibility/Benefit Data
 HL*5*2*22*0~
 NM1*IL*1*BROWN*JOHN*E***MI*22211
 333301~
 Eligibility/Benefit Data

HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required	1
------	-----	--------------------------------------	---	----	------	----------	---

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

HIPAA IG Note: Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
------	-----	--------------------------------	---	----	-----	----------	---

Description: Code defining the characteristic of a level in a hierarchical structure

HIPAA IG Note: All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

<u>Code</u>	<u>Name</u>
22	Subscriber

Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

HL04	736	Hierarchical Child Code	O	ID	1/1	Required	1
------	-----	--------------------------------	---	----	-----	----------	---

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

HIPAA IG Note: Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).

NYS MEDICAID NOTE: NYSDOH requires value '0'. A dependent loop is not valid because NYS Medicaid recipients who are dependents are enrolled as subscribers.

<u>Code</u>	<u>Name</u>
0	No Subordinate HL Segment in This Hierarchical Structure.

TRN Subscriber Trace Number

Pos: 020	Max: 2
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

HIPAA IG Notes:

1. Trace numbers assigned at the subscriber level are intended to allow tracing of an eligibility/benefit transaction when the subscriber is the patient.
2. The information receiver may assign one TRN segment in this loop if the subscriber is the patient. A clearinghouse may assign one TRN segment in this loop if the subscriber is the patient. See Section 1.3.6 Information Linkage.

Example:

TRN*1*98175-012547*9877281234*RADIOLOGY~

TRN*1*109834652831*9XYZCLEARH*REALTIME~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required	1
		Description: Code identifying which transaction is being referenced					
		<u>Code</u>		<u>Name</u>			
		1		Current Transaction Trace Numbers			
TRN02	127	Reference Identification	M	AN	1/30	Required	1
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
		Industry: Trace Number					
		HIPAA IG Note: Use this number for the trace or reference number assigned by the information receiver.					
		NYS MEDICAID NOTE: For POS transactions, NYSDOH expects the following:					
		Enter prefix 'GS13' in positions 1 through 4.					
		Enter POS Serial Number in positions 5 through 13.					
		Enter Software Version in positions 14 through 17.					
		Enter Write Control in position 18.					
		Enter Julian Date in positions 19 through 23.					
		Enter Transaction Time in positions 24 through 29.					
		Non-POS transactions may populate this data element with any tracking number the Provider wishes to use.					
TRN03	509	Originating Company Identifier	O	AN	10/10	Required	1
		Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the					

nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9

Industry: Trace Assigning Entity Identifier

HIPAA IG Note: 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.

TRN04

127

Reference Identification

O

AN

1/30

Situational

1

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Trace Assigning Entity Additional Identifier

HIPAA IG Note: Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03). This information allows the originating company to further identify a specific division or group within that organization that was responsible for assigning the trace or reference number.

NM1 Subscriber Name

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

User Option (Usage): Required

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

HIPAA IG Notes:

1. Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

NM1*IL*1*SMITH*JOHN*L***34*444115555~

NYS MEDICAID NOTE:

The Name Search feature gives the capability to perform MEVS Eligibility Inquiries on Medicaid recipients who have not provided their CIN or access number at the time of service.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity HIPAA IG Note: Use this code to indicate whether the entity is an individual person or an organization. Code Name 1 Person	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Subscriber Last Name HIPAA IG Note: Use this name for the subscriber's last name. Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information. NYS MEDICAID NOTE: NYSDOH expects the Client's last name in this field if Name Search is requested.	O	AN	1/35	Situational	1
NM104	1036	Name First Description: Individual first name Industry: Subscriber First Name HIPAA IG Note: Use this name for the subscriber's first name. Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more	O	AN	1/25	Situational	1

information.
NYS MEDICAID NOTE: NYSDOH expects the Client's first name in this field if Name Search is requested.

NM105 1037 **Name Middle** O AN 1/25 Situational 1

Description: Individual middle name or initial
HIPAA IG Note: Use this name for the subscriber's middle name or initial. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

NM107 1039 **Name Suffix** O AN 1/10 Situational 1

Description: Suffix to individual name
Industry: Subscriber Name Suffix
HIPAA IG Note: Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

NM108 66 **Identification Code Qualifier** C ID 1/2 Situational 1

Description: Code designating the system/method of code structure used for Identification Code (67)
HIPAA IG Note: Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.
NYS MEDICAID NOTE: NYSDOH expects qualifier 'MI'.

<u>Code</u>	<u>Name</u>
MI	Member Identification Number

HIPAA IG Note:
 This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Recipient ID Number, HMO Member ID, etc.).

NM109 67 **Identification Code** C AN 2/80 Situational 1

Description: Code identifying a party or other code
Industry: Subscriber Primary Identifier
HIPAA IG Note: Use this reference number as qualified by the preceding data element (NM108). Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.
NYS MEDICAID NOTE: NYSDOH expects to receive the Recipient's Medicaid ID, CBIC (Common Benefit Identification Card Number), or Medicaid Access Number.

REF Subscriber Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

HIPAA IG Notes:

1. Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
3. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

REF*1L*660415~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both. NYS MEDICAID NOTE: NYSDOH Expects a value of 'GH', 'HJ' or 'SY' in this field. Please note: Use qualifier 'GH' to provide the Sequence Number (last two digits of the CBIC - Common Benefit Identification Card Number); or 'SY' when sending the Social Security Number. 'HJ' is used only by automatic card-swipe transactions.	M	ID	2/3	Required	1
		Code		Name			
		EJ		Patient Account Number Description: A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment			
		GH		Identification Card Serial Number HIPAA IG Note: Use this code when the Identification Card has a number in addition to the Member Identification Number or Identity Card Number. The Identification Card Serial Number uniquely identifies the card when multiple cards have been or will be issued to a member (e.g., on a monthly basis, replacement cards). This is particularly prevalent in the Medicaid environment.			
		HJ		Identity Card Number Description: Number assigned to an individual by a government HIPAA IG Note: Use this code when the Identity Card Number is different than the Member Identification Number. This is particularly prevalent in the Medicaid environment.			
		SY		Social Security Number			

HIPAA IG Note:
 The social security number may not be used for any Federally administered programs such as Medicare.

REF02	127	Reference Identification	C	AN	1/30	Required	1
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Subscriber Supplemental Identifier

HIPAA IG Note: Use this reference number as qualified by the preceding data element (REF01).

NYS MEDICAID NOTE: When REF01 is 'GH' NYSDOH expects the Sequence Number (last two digits of the CBIC - Common Benefit Identification Card Number) in this field.

When REF is 'HJ' the Sequence Number from the last two digits of the CBIC numbers will be retrieved. This is expected for card-swipe transactions only.

When REF01 is 'SY' NYSDOH expects the Client's Social Security Number in this field.

PRV Provider Information

Pos: 090	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

HIPAA IG Notes:

1. Use this segment when needed to either to identify a specific provider or associate a specialty type related to the service identified in the 2110C loop.
2. If identifying a specific provider, use this segment to convey specific information about a provider's role in the eligibility/benefit being inquired about when the provider is not the information receiver. For example, if the information receiver is a hospital and a referring provider must be identified, this is the segment where the referring provider would be identified.
3. If identifying a specific provider, this segment contains reference identification numbers, all of which may be used up until the time the National Provider Identifier (NPI) is mandated for use. After the NPI is mandated, only the code for National Provider Identifier may be used.
4. If identifying a type of specialty associated with the services identified in loop 2110C, use code ZZ in PRV02 and the appropriate code in PRV03.
5. PRV02 qualifies PRV03.

Example:

PRV*PE*EI*9991234567~
PRV*PE*ZZ*203BA0504N~

NYS MEDICAID NOTE:

NYSDOH expects this segment, if it is necessary to receive information about the Referring Provider (Primary Care Provider), or the Ordering Provider, in order to process a 270 Inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>						
PRV01	1221	Provider Code	M	ID	1/3	Required	1						
		Description: Code identifying the type of provider NYS MEDICAID NOTE: NYSDOH expects value 'OT' for Ordering Provider, or value 'RF' for Referring Provider.											
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>OT</td> <td>Other Physician</td> </tr> <tr> <td>RF</td> <td>Referring</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	OT	Other Physician	RF	Referring					
<u>Code</u>	<u>Name</u>												
OT	Other Physician												
RF	Referring												
PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required	1						
		Description: Code qualifying the Reference Identification HIPAA IG Note: If this segment is used to identify a specific provider and the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used. If this segment is used to identify a type of specialty associated with the services identified in loop 2110C, use code ZZ. ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. NYS MEDICAID NOTE: NYSDOH expects qualifier 'HPI' in this data element											

for all covered entities, and qualifier '9K' for all non covered entities. Prior to NYSDOH's implementation of NPI, '9K' is the only valid qualifier accepted in this data element.

Code

Name

9K

Servicer

HIPAA IG Note:

Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.

HPI

Health Care Financing Administration National Provider Identifier

HIPAA IG Note:

Required value when identifying a specific provider when the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

CODE SOURCE:

537: Health Care Financing Administration National Provider Identifier

PRV03

127

Reference Identification

M

AN

1/30

Required

1

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Provider Identifier

HIPAA IG Note: Use this number for the reference number as qualified by the preceding data element (PRV02).

NYS MEDICAID NOTE: NYSDOH

expects one of the following:
For covered entities, after NPI implementation:

NPI of the Ordering Provider when PRV01 is 'OT' and PRV02 is 'HPI'.

NPI of the Referring Provider when PRV01 is 'RF' and PRV02 is 'HPI'.

For non covered entities, after NPI implementation, as well as, for all providers prior to NYSDOH's implementation of NPI:

NYS Medicaid ID of the Referring Provider, when PRV01 is 'RF' and PRV02 is '9K'.

NYS Medicaid Provider ID or the three-character Profession Code followed by the NYS License Number of the Ordering Provider when PRV01 contains 'OT' and PRV02 is '9K'.

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

Purpose: To supply demographic information

HIPAA IG Notes:

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

Example:

DMG*D8*19430917*M~

NYS MEDICAID NOTE:

This segment is required if Provider is attempting to access the Client information using the Name Search feature.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Use this code to indicate the format of the date of birth that follows in DMG02. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.	C	ID	2/3	Situational	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Subscriber Birth Date HIPAA IG Note: Use this date for the date of birth of the individual. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.	C	AN	1/35	Situational	1
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Industry: Subscriber Gender Code HIPAA IG Note: Use this code to indicate the subscriber's gender. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option. NYS MEDICAID NOTE: NYSDOH cannot process code 'U' (Unknown). Any transaction received populated with code 'U' will be denied.	O	ID	1/1	Situational	1
		Code Name					

F	Female
M	Male

DTP

Subscriber Date

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

User Option (Usage): Situational

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

HIPAA IG Notes:

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

Example:

DTP*102*D8*19950818~

NYS MEDICAID NOTE:

Use this segment to enter Date of Service. If no date is sent Current Date will be assumed.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>						
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier HIPAA IG Note: Only one of the following codes may be used per request: 307 - Eligibility, 435 - Admission or 472 - Service. NYS MEDICAID NOTE: NYSDOH expects qualifier '472'. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>472</td> <td>Service</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	472	Service	M	ID	3/3	Required	1		
<u>Code</u>	<u>Name</u>												
472	Service												
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NYS MEDICAID NOTE: NYSDOH expects qualifier 'D8'. NYSDOH will ignore qualifier 'RD8' if submitted, and will process Current Date in DTP03. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> </tr> <tr> <td>RD8</td> <td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td> </tr> </tbody> </table> Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	<u>Code</u>	<u>Name</u>	D8	Date Expressed in Format CCYYMMDD	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required	1
<u>Code</u>	<u>Name</u>												
D8	Date Expressed in Format CCYYMMDD												
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD												
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times HIPAA IG Note: Use this date for the date(s) as qualified by the preceding data elements.	M	AN	1/35	Required	1						

NYS MEDICAID NOTE: NYSDOH expects the Date of Service in CCYYMMDD format. If DTP02 is populated with value 'RD8', NYSDOH will ignore value submitted in this field and will process Current Date.

EQ

Subscriber Eligibility or Benefit Inquiry Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 4

User Option (Usage): Situational**Purpose:** To specify inquired eligibility or benefit information**HIPAA IG Notes:**

1. Use this segment to begin the eligibility/benefit inquiry looping structure.
2. Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.
3. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.
4. If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Example:

EQ*30**FAM*GP~

NYS MEDICAID NOTE:This segment is required as per HIPAA Interpretation Request (HIR) # 298 at <http://www.x12n.org/portal/>.**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
EQ01	1365	Service Type Code	C	ID	1/2	Situational	1

Description: Code identifying the classification of service

HIPAA IG Note: An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information. Not used if EQ02 is used.

NYS MEDICAID NOTE: NYSDOH will use data submitted in this field to derive

COS and Specialty Code. If no data is submitted, NYSDOH will determine the Provider Profile.

Note: If EQ01 is provided do not submit composite data element EQ02.

<u>Code</u>	<u>Name</u>
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
	HIPAA IG Note:
	If only a single category of inquiry can be supported, use this code.
32	Plan Waiting Period
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental
42	Home Health Care
43	Home Health Prescriptions
44	Home Health Visits
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident

52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient

A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AQ	Nonmedically Necessary Physical Description: These physicals are required by other entities e.g., insurance application, pilot license, employment or school
AR	Experimental Drug Therapy
BA	Independent Medical Evaluation
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BI	Nursery
BJ	Skin
BK	Orthopedic
BL	Cardiac
BM	Lymphatic
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BR	Eye
BS	Invasive Procedures

EQ02	C003	Composite Medical Procedure Identifier	C	Comp	Situational	1
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Description: To identify a medical procedure by its standardized codes and applicable modifiers

HIPAA IG Note: An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.

If an inquiry is submitted with EQ02 and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by

the information source. Refer to Section 1.3.6 for additional information.
 Not used if EQ01 is used.
NYS MEDICAID NOTE: Please note: If EQ01 is provided do not submit EQ02.

EQ02-01 235 **Product/Service ID Qualifier** M ID 2/2 Required 1

Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Industry: Product or Service ID Qualifier
HIPAA IG Note: Use this code to qualify the type of specific Product/Service ID that will be used in EQ02-2.

<u>Code</u>	<u>Name</u>
AD	American Dental Association Codes Description: This association's membership consists of U.S. dentists. It sets standards for the dental profession CODE SOURCE: 135: American Dental Association Codes
CJ	Current Procedural Terminology (CPT) Codes Description: Published by the AMA. It is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians; the uniform language accurately designates medical, surgical, and diagnostic services, and thereby provides reliable communications among physicians, patients, and payers CODE SOURCE: 133: Current Procedural Terminology (CPT) Codes
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure Description: The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code CODE SOURCE: 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size CODE SOURCE: 240: National Drug Code by Format
ZZ	Mutually Defined HIPAA IG Note: NOT ADVISED Use this code only for local codes or interim uses until an appropriate new code is approved.

EQ02-02 234 **Product/Service ID** M AN 1/48 Required 1

Description: Identifying number for a product or service

Industry: Procedure Code
HIPAA IG Note: Use this number for the product/service ID as identified by the

preceding data element (EQ02-1).

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

EQ02-03	1339	Procedure Modifier	O	AN	2/2	Situational	1
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>HIPAA IG Note: Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.</p>					
EQ02-04	1339	Procedure Modifier	O	AN	2/2	Situational	1
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>HIPAA IG Note: Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.</p>					
EQ02-05	1339	Procedure Modifier	O	AN	2/2	Situational	1
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>HIPAA IG Note: Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.</p>					
EQ02-06	1339	Procedure Modifier	O	AN	2/2	Situational	1
		<p>Description: This identifies special circumstances related to the performance</p>					

of the service, as defined by trading partners

HIPAA IG Note: Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.

EQ03	1207	Coverage Level Code	O	ID	3/3	Situational	1
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Description: Code indicating the level of coverage being provided for this insured

Industry: Benefit Coverage Level Code

HIPAA IG Note: Use EQ03 when an information source supports or may be thought to support the function of identifying benefits by the Benefit Coverage Level Code. Use this code to identify the types and number of entities that the request is to apply to. If not supported, the information source will process without this data element.

NYS MEDICAID NOTE: If this data element is present, NYSDOH expects value 'IND'.

<u>Code</u>	<u>Name</u>
IND	Individual

EQ04	1336	Insurance Type Code	O	ID	1/3	Situational	1
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Description: Code identifying the type of insurance policy within a specific insurance program

HIPAA IG Note: Use this code to identify the specific type of insurance the inquiry applies to if the information source has multiple insurance lines that apply to the person being inquired about. Do not use if the insurance type can be determined either by the person's identifiers or the information source's identifiers.

NYS MEDICAID NOTE: If this data element is present, NYSDOH expects value 'MC'.

<u>Code</u>	<u>Name</u>
MC	Medicaid

Description: Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act

AMT Subscriber Spend Down Amount

Pos: 135	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 2

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

HIPAA IG Notes:

1. Use this segment only if it is necessary to report a Spend Down amount. Under certain Medicaid programs, individuals must indicate the dollar amount that they wish to apply towards their deductible. These programs require individuals to pay a certain amount towards their health care cost before Medicaid coverage starts.
2. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. EQ02 -Composite Medical Procedure Identifier is used only if an information source can support this high-level functionality. The EQ02 allows for a very specific inquiry, such as on based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C. If this level of functionality is not supported, use EQ01.

Example:

AMT*R*37.5~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required	1
		Description: Code to qualify amount					
		<u>Code</u>		<u>Name</u>			
		R		Spend Down			
		Description: Amount that the recipient is applying towards the amount the recipient is responsible for paying each month prior to being eligible for Medicaid services					
AMT02	782	Monetary Amount	M	R	1/18	Required	1
		Description: Monetary amount					
		Industry: Spend Down Amount					
		HIPAA IG Note: Use this monetary amount to specify the dollar amount associated with this inquiry.					

HL Dependent Level

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 4

User Option (Usage): Situational

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

HIPAA IG Notes:

1. Use the Dependent Level only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level. If a patient is a dependent of a member, but can be uniquely identified to the information source (such as by, but not limited to, a unique Member Identification Number) then the patient is considered the subscriber and is to be identified in the Subscriber Level.
2. Because the usage of this segment is "Situational", this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

4. An example of the overall structure of the transaction set when used in batch mode is:

```
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
Subscriber (Loop 2000C)
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry
```

Example:

HL*4*3*23*0~

NYS MEDICAID NOTE:

NYSDOH will reject any transaction that reports this HL segment, due to the Implementation Guide restriction of repeating patient information. Within the NYS Medicaid program, the patient always equals the subscriber.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required	1

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

HIPAA IG Note: Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

```
HL*1**20*1~
NM1*PR*2*ABC INSURANCE
COMPANY*****PJ*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0
202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*1112
2333301~
HL*4*3*23*0~
```

NM1*03*1*SMITH*MARY*LOU~
 Eligibility/Benefit Data
 HL*5*2*22*0~
 NM1*IL*1*BROWN*JOHN*E***MI*22211
 333301~
 Eligibility/Benefit Data
 1273 An example of the use of the HL
 segment and this data element is:
 HL*1**20*1~
 NM1*PR*2*ABC INSURANCE
 COMPANY*****PI*842610001~
 HL*2*1*21*1~
 NM1*P*1*JONES*MARCUS***MD*SV*0
 202034~
 HL*3*2*22*1~
 NM1*IL*1*SMITH*ROBERT*B***MI*1112
 2333301~
 HL*4*3*23*0~
 NM1*03*1*SMITH*MARY*LOU~
 Eligibility/Benefit Data
 HL*5*2*22*0~
 NM1*IL*1*BROWN*JOHN*E***MI*22211
 333301~
 Eligibility/Benefit Data

HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Situational	1
------	-----	--------------------------------------	---	----	------	-------------	---

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
HIPAA IG Note: Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	735	Hierarchical Level Code	M	ID	1/2	Required	1
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Description: Code defining the characteristic of a level in a hierarchical structure
HIPAA IG Note: All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

<u>Code</u>	<u>Name</u>
23	Dependent

Description: Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits

HL04	736	Hierarchical Child Code	O	ID	1/1	Situational	1
------	-----	--------------------------------	---	----	-----	-------------	---

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described
HIPAA IG Note: Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.
 Because of the hierarchical structure, and because no HL level is subordinate to this level, the code value in the HL04 at the Loop 2000D level should always be "0" (zero).

<u>Code</u>	<u>Name</u>
0	No Subordinate HL Segment in This Hierarchical Structure.

SE Transaction Set Trailer

Pos: 210	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

HIPAA IG Notes:

1. Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.

Example:

SE*41*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count HIPAA IG Note: Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.	M	N0	1/10	Required	1
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set HIPAA IG Note: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.	M	AN	4/9	Required	1