
Electronic Transaction Manual for UniCare Eligibility Inquiry and Response

HIPAA Transaction with NPI
Standard Companion Guide
Section 2

**Refers to the X12N Implementation Guide
004010X092A1: 270/271 – Eligibility Inquiry
and Response**

Companion Guide Version Number: 4.0

Preface

This Companion Document to the ASCX12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with UNICARE. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both the X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

1 NPI Implementation

April 23, 2007 – Forward	UniCare will only accept your National Provider Identifier (NPI) as primary Identification. UniCare Identifiers and applicable secondary identifiers will be rejected.
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If you haven't already, we recommend that you apply for your NPI as soon as possible in order to comply with this claims submission process change. For more information on applying and obtaining an NPI, please visit the Centers for Medicare and Medicaid Services (CMS) Web site at <https://nppes.cms.hhs.gov>.

2 Introduction

The following table describes the requirements and recommendations of implementing a 270/271 4010 Addenda (X092A) file specification to submission for Eligibility Inquiry and Response.

Pages list are from the May 2000 implementation guides with addenda pages in parenthesis if applicable.

270s received are processed as either a Medical Coverage Inquiry or a Dental Coverage Inquiry. Requests on specific procedure codes or detailed service types are not supported.

270 Eligibility Inquiries

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
B.3	Header	ISA	Interchange Control Header			Only a single patient eligibility inquiry request may be submitted per ISA. If multiple requests are sent, a response will be generated for the first subscriber or dependent request only.
B.5	Header	ISA08	Receiver ID			Receiver ID should be 'UNI'
B.7	Header	ISA14	Acknowledgment Request			997s will be only be returned when a 271 was not generated
B.8 (85)	Header	GS	Function Group Header			
B.8 (85)	Header	GS03	Application Receiver's Code			Send 'UNI'
B.9 (86)	Header	GS08	Version/Release/Industry Identifier Code			Send '004010X092A1'
44	2100A	NM1	Information Source's Name			
44	2100A	NM101	Information's Source Identifier Code	PR		Send 'PR' for Payor
44	2100A	NM103	Information's Source Name			Send 'UNICARE'
45	2100A	NM109	Information's Source Payer ID		20	Send '80314'
51	2100B	NM1	Information Receiver's Name			
51	2100B	NM101	Information Receiver's Identifier Code	1P		Send '1P' for provider. '80' and 'FA' are also acceptable
52	2100B	NM108	Information Receiver's Name	XX, 24, 34, FI		'XX' recommended.
52	2100B	NM109	Information Receiver's ID		20	Provider ID is typically the NPI Number.
71	2100C	NM1	Subscriber Name			
72	2100C	NM103	Subscriber Last Name			Required. Request may still

						be processed if no name is sent, however if multiple matches are found, name must be provided to sort out duplicates.
72	2100C	NM104	Subscriber First Name			Required. Request may still be processed if no name is sent, however if multiple matches are found, name must be provided to sort out duplicates.
73	2100C	NM108	Subscriber Identification Code Qualifier	MI		Required
73	2100C	NM109	Subscriber Member ID		20	Required: Any alpha prefix must be sent as part of the Member ID as printed on the member's ID card.
83	2100C	DMG	Subscriber's Demographic Information			
84	2100C	DMG02	Subscriber's Date of birth			Required when the subscriber is the patient
89	2110C	EQ	Eligibility or Benefit Inquiry			Recommended
90	2110C	EQ01	Service Type Code	30, 35		Send '30' for medical coverage eligibility request, send '35' for dental coverage eligibility request. Any other values will default to a '30' medical coverage request.
106	2110C	DTP	Subscriber Eligibility/Benefit Date			Eligibility and Benefit information will be determined by the dates entered in the 2100C loop, dates in the 2110C DTP will not be used.
114	2100D	NM1	Dependent Name			
115	2100D	NM103	Dependent Last Name			Required. Request may still be processed if no name is sent, however if multiple matches are found, name must be provided to sort out duplicates.
115	2100D	NM104	Dependent First Name			Required. Request may still be processed if no name is sent, however if multiple matches are found, name must be provided to sort out duplicates.
124	2100D	DMG	Dependent's Demographic Information			
125	2100D	DMG02	Dependent's Date of birth			Required
131	2110D	EQ	Eligibility or Benefit Inquiry			Recommended
132	2110D	EQ01	Service Type Code	30, 35		Send '30' for medical coverage eligibility request,

						send '35' for dental coverage eligibility request. Any other values will default to a '30' medical coverage request.
145	2110D	DTP	Dependent Eligibility/Benefit Date			Eligibility and Benefit information will be determined by the dates entered in the 2100C loop, dates in the 2110C DTP will not be used.

Eligibility Response 271

187	2000C	HL	Subscriber Level			May occur more than 1 times for each distinct coverage
191	2000C	TRN	Subscriber Trace Number			Up to 2 repeats will be returned from the inbound 270. An additional TRN will not be returned.
198	2100C	REF	Subscriber Additional Identification			
198	2100C	REF01	Group Number Qualifier	6P		
199	2100C	REF02	Group Number			Will be returned
199	2100C	REF03	Group Name			Will be returned when available
203	2100C	PER	Subscriber Contact Numbers			
204	2100C	PER03	Subscriber Contact Qualifier	TE		
205	2100C	PER04	Subscriber Contact Phone Number			Customer Service Phone Number
206	2100C	PER06	Subscriber Contact Name			Customer Service Group Name
219	2110C	EB	Subscriber Eligibility or Benefit Information			
219	2110C	EB01	Eligibility or Benefit Information	1		The first EB sent when member coverage is determined to be found will have EB01=1 for active coverage or EB01=6 for inactive coverage.
228	2110C	EB05	Contract Code Name			The name of the specific product will be sent with the EB01=1 loop
240	2110C	DTP	Subscriber Eligibility/Benefit Date			This qualifier will be sent with EB01=1 loop.
241	2110C	DTP01	Contract Code Name	356		This qualifier will be sent along with the Eligibility begin date for this EB01=1 loop
240	2110C	DTP	Subscriber Eligibility/Benefit Date			This qualifier will be sent with EB01=1 loop.

241	2110C	DTP01	Contract Code Name	357		This qualifier will be sent along with the Eligibility begin date for this EB01=1 loop. The date will be 12/31/9999 when there is no termination date.
251	2110C	NM1	Subscriber Benefit Entity Related Name			This qualifier will be sent with EB01=1 loop.
251	2110C	NM101	Entity Identifier Code	PR		This qualifier will be sent to along with the NM103 name to indicate the paper claim mailing address for this patient.
254	2120C	N3	Subscriber Benefit Entity Related Address			This qualifier will be sent with EB01=1 loop with the NM101=PR. The address is the mailing address to submit paper claims to.
255	2120C	N4	Subscriber Benefit Entity Related City/State/ZIP			This qualifier will be sent with EB01=1 loop with the NM101=PR. The address is the mailing address to submit paper claims to.
265	2000D	HL	Dependent Level			May occur more than 1 times for each dependent or dependent coverage returned
268	2000D	TRN	Dependent Trace Number			Up to 2 repeats will be returned from the inbound 270. An additional TRN will not be returned.
281	2100D	PER	Dependent Contact Numbers			
281	2100D	PER03	Dependent Contact Qualifier	TE		
282	2100D	PER04	Dependent Contact Phone Number			Customer Service Phone Number
283	2100D	PER06	Dependent Contact Name			Customer Service Group Name
295	2100D	EB	Dependent Eligibility or Benefit Information			
295	2110D	EB01	Eligibility or Benefit Information	1		The first EB sent when member coverage is determined to be found will have EB01=1
305	2110D	EB05	Contract Code Name			The name of the specific product will be sent with the EB01=1 loop
293	2110D	DTP	Subscriber Eligibility/Benefit Date			This qualifier will be sent with EB01=1 loop.
294	2110D	DTP01	Contract Code Name	356		This qualifier will be sent along with the Eligibility begin date for this EB01=1 loop

293	2110D	DTP	Subscriber Eligibility/Benefit Date			This qualifier will be sent with EB01=1 loop.
294	2110D	DTP01	Contract Code Name	357		This qualifier will be sent along with the Eligibility begin date for this EB01=1 loop. The date will be 12/31/9999 when there is no termination date.
326	2110D	NM1	Dependent Benefit Entity Related Name			This qualifier will be sent with EB01=1 loop.
330	2110D	NM101	Entity Identifier Code	PR		This qualifier will be sent to along with the NM103 name to indicate the paper claim mailing address for this patient.
331	2120D	N3	Dependent Benefit Entity Related Address			This qualifier will be sent with EB01=1 loop with the NM101=PR. The address is the mailing address to submit paper claims to.
255	2120D	N4	Dependent Benefit Entity Related City/State/ZIP			This qualifier will be sent with EB01=1 loop with the NM101=PR. The address is the mailing address to submit paper claims to.

HL structure

The following is the HL structure that will be returned in 271s.

ISA-ST
 HL20
 HL21
 HL22 (single or multiple)
 HL20 (will only exist with a nested AAA error segment)
 SE-IEA

ISA-ST
 HL20
 HL21
 HL22
 HL23 (single or multiple)
 HL20 (will only exist with a nested AAA error segment)
 SE-IEA

ISA-ST
 HL20
 HL21
 HL22 (single or multiple)
 HL23 (1 per HL22)
 HL20 (will only exist with a nested AAA error segment)
 SE-IEA

270 Specific Service Type Returns.

WellPoint supports the use of individual inquiries. Using any of these service types instead of an EQ01 value of 30 will result in a more streamlined response. This streamlined response will be a subset of the 55 benefits identified above.

270 EQ01 Service Type Specific Inquires supported (In addition to General "30" Inquiry)		
1 Medical Care	32 Plan Waiting Period	65 Newborn Care
2 Surgical	33 Chiropractic	68 Well Baby Care
3 Consultation	34 Chiropractic Office Visits	69 Maternity
4 Diagnostic X-Ray	35 Dental Care	73 Diagnostic Medical
5 Diagnostic Lab	36 Dental Crowns	76 Dialysis
6 Radiation Therapy	37 Dental Accident	78 Chemotherapy
7 Anesthesia	38 Orthodontics	80 Immunizations
8 Surgical Assistance	39 Prosthodontics	81 Routine Physical
9 Other Medical	40 Oral Surgery	82 Family Planning
10 Blood Charges	41 Routine (Preventive) Dental	83 Infertility
11 Used Durable Medical Equipment	42 Home Health Care	84 Abortion
12 Durable Medical Equipment Purchase	43 Home Health Prescriptions	86 Emergency Services
13 Ambulatory Service Center Facility	44 Home Health Visits	88 Pharmacy
14 Renal Supplies in the Home	45 Hospice	93 Podiatry
15 Alternate Method Dialysis	46 Respite Care	98 Professional (Physician) Visit - Office
16 Chronic Renal Disease (CRD) Equipment	47 Hospital	99 Professional (Physician) Visit - Inpatient
17 Pre-Admission Testing	48 Hospital - Inpatient	A0 Professional (Physician) Visit - Outpatient
18 Durable Medical Equipment Rental	49 Hospital - Room and Board	A3 Professional (Physician) Visit - Home
19 Pneumonia Vaccine	50 Hospital - Outpatient	A6 Psychotherapy
20 Second Surgical Opinion	51 Hospital - Emergency Accident	A7 Psychiatric - Inpatient
21 Third Surgical Opinion	52 Hospital - Emergency Medical	A8 Psychiatric - Outpatient
22 Social Work	53 Hospital - Ambulatory Surgical	AD Occupational Therapy
23 Diagnostic Dental	54 Long Term Care	AE Physical Medicine
24 Periodontics	55 Major Medical	AF Speech Therapy
25 Restorative	56 Medically Related Transportation	AG Skilled Nursing Care
26 Endodontics	57 Air Transportation	AI Substance Abuse
27 Maxillofacial Prosthetics	60 General Benefits	AL Vision (Optometry)
28 Adjunctive Dental Services	61 In-vitro Fertilization	BG Cardiac Rehabilitation
30 Health Benefit Plan Coverage	62 MRI/CAT Scan	BH Pediatric

271 Returned Benefit EB Loops

Listed here is the complete set of benefits we generate to return in a 271 response to a general EQ01 '30' inquiry. Note that your 271 may be codified from a system external to WellPoint and that you should be prepared to support the full implementation guide.

271 Return Benefit Service Types (EB03 or MSG01 Value and Description)		
1 Medical Care	50 Hospital - Outpatient	93 Podiatry
2 Surgical	51 Hospital - Emergency Accident	98 Professional (Physician) Visit - Office
4 Diagnostic X-Ray	53 Hospital - Ambulatory Surgical	99 Professional (Physician) Visit - Inpatient
5 Diagnostic Lab	60 General Benefits	A0 Professional (Physician) Visit - Outpatient
6 Radiation Therapy	61 In-vitro Fertilization	A3 Professional (Physician) Visit - Home
7 Anesthesia	62 MRI/CAT Scan	A6 Psychotherapy
8 Surgical Assistance	65 Newborn Care	A7 Psychiatric - Inpatient
12 Durable Medical Equipment Purchase	68 Well Baby Care	A8 Psychiatric - Outpatient
13 Ambulatory Service Center Facility	69 Maternity	AD Occupational Therapy
18 Durable Medical Equipment Rental	73 Diagnostic Medical	AE Physical Medicine
20 Second Surgical Opinion	76 Dialysis	AF Speech Therapy
33 Chiropractic	78 Chemotherapy	AG Skilled Nursing Care
35 Dental Care	80 Immunizations	AI Substance Abuse
40 Oral Surgery	81 Routine Physical	AL Vision (Optometry)
42 Home Health Care	82 Family Planning	BG Cardiac Rehabilitation
45 Hospice	83 Infertility	BH Pediatric
47 Hospital	84 Abortion	MSG01= "URGENT"
48 Hospital - Inpatient	86 Emergency Services	MSG01="SPECIALIST"
	88 Pharmacy	