



# HIPAA Transaction Standard Companion Guide

Refers to the TR3 Guides Based on ASC X12 version 005010

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

**Real-time**



## **Disclosure Statement**

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

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



## **Preface**

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



EDITOR'S NOTE:

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## 1. INTRODUCTION

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

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

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

### 1.1. SCOPE

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

### 1.2. OVERVIEW

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

### 1.3. REFERENCES

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

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

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

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

National Council of Prescription Drug Programs (NCPDP) – <https://www.ncdp.org/>

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

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



## 1.4. ADDITIONAL INFORMATION

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

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

## 2. GETTING STARTED

### 2.1. WORKING WITH MVP HEALTH CARE

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

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

### 2.2. TRADING PARTNER REGISTRATION

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

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911

### 2.3. ENROLL IN MVP TRANSSHUTTLE REAL-TIME

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

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911

### 2.4 CERTIFICATION AND TESTING OVERVIEW

Please contact EDI Service for additional information

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911

Testing overview see 3.0





### 3. TESTING WITH MVP

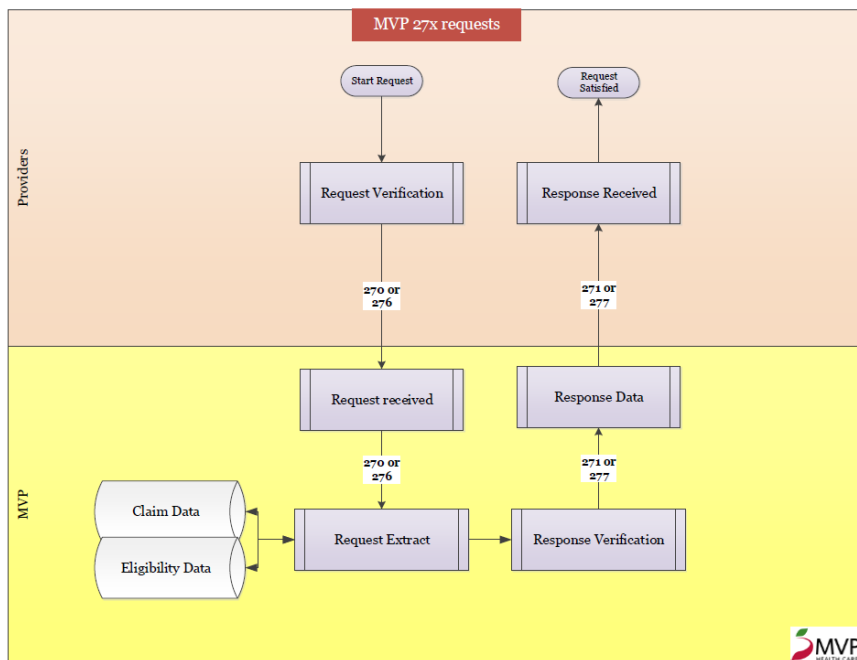
Testing should be completed with MVP's [EDI Services](#) Department.

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911

### 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

#### 4.1. PROCESS FLOW



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

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

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

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

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

Primary Search:

**Required:**

Patient's Member ID

Patient's First Name

Patient's Last Name

Patient's Date of Birth

Secondary Searches:

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

Patient's Member ID Number

Patient's Date of Birth

Patient's Last Name

**Member ID/Name Search Option**

Patient's Member ID Number

Patient's First Name

Patient's Last Name

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

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

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



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

<ul style="list-style-type: none"> <li>Benefit and eligibility information for the requested individual will be returned in Table 2 – Subscriber Level Detail. The requested individual can be either the subscriber or a dependent.</li> </ul>
<ul style="list-style-type: none"> <li>MVP will provide co-payment and primary care provider information.</li> </ul>
<ul style="list-style-type: none"> <li>The following reject reason codes are possible in the Subscriber – Request Validation Segment (Loop 2100C, Segment AAA, Element AAA03).</li> </ul>
<ul style="list-style-type: none"> <li>15 Required Application Data Missing</li> <li>58 Invalid/Missing Date of Birth</li> <li>42 Unable to Respond at Current Time</li> <li>62 Date of Service Not Within Allowable Inquiry Period</li> <li>64 Invalid/Missing Patient ID</li> <li>65 Invalid/Missing Patient Name</li> <li>66 Invalid/Missing Patient Gender Code</li> <li>67 Patient Not Found</li> <li>68 Duplicate Patient ID Number</li> <li>71 Pt Birth Date Does Not Match Patient DOB in Database</li> <li>72 Invalid/Missing Subscriber/Insured ID</li> <li>73 Invalid/Missing Subscriber/Insured Name</li> <li>74 Invalid/Missing Subscriber/Insured Gender Code</li> <li>75 Subscriber / Insured Not Found</li> <li>76 Duplicate Subscriber/Insured ID Number</li> <li>77 Subscriber Found, Patient Not Found</li> <li>78 Subscriber/Insured Not in Group/Plan Identified</li> </ul>

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

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



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

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

- A **Patient ID** in the NM1 segment of HL22 Subscriber Level (Loop 2000D) – the NM108 should equal MI and the NM109 should equal the patient’s **Member ID** number
- **Rendering Provider ID** (or Billing where applicable) in the NM1 segment of HL19 Provider Level (Loop 2000C) – the NM108 should equal XX and the NM109 should equal the **National Provider Identifier (NPI)**

<ul style="list-style-type: none"> <li>• Table 2 – Subscriber Level Detail will contain information on the patient claim. This claim can be for the subscriber or dependent. (Loops 2000D, 2100D and 2200D).</li> </ul>
<ul style="list-style-type: none"> <li>• Table 2 – Dependent Level Detail (Loops 2100E and 2110E and 2200E) is not required. Do not send. MVP Members all have unique identifiers and must be reported in Loops 2000D, 2100D and 2200D.</li> </ul>
<ul style="list-style-type: none"> <li>• MVP processes claim level and service level requests from information receivers.</li> </ul>
<ul style="list-style-type: none"> <li>• MVP provider validation             <ol style="list-style-type: none"> <li>1. Match <b>Rendering Provider NPI (or Billing where applicable)</b> in the NM1 segment of HL19 Provider Level Loop (2000C Loop) to Rendering MVP Provider ID attached to Patient MVP Claim.</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>• MVP search criteria patient validation are:             <ol style="list-style-type: none"> <li>1. Patient Identifier (<i>Loop 2100D – NM109</i>)</li> <li>2. Patient First Name (<i>Loop 2100D – NM104</i>)</li> <li>3. Patient Date of Birth (<i>Loop 2000D – DMG02</i>)</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>• MVP search criteria for claim level validation are:             <ol style="list-style-type: none"> <li>1. Find Patient using search criteria above</li> <li>2. Provider Identifier (<i>Loop 2100C – NM109</i>)</li> <li>3. a) Claim Dates (<i>Loop 2200D - DTP02 qualifier 232</i>)                      b) Total charges (<i>Loop 2200D - AMT02 qualifier T3</i>)                      or                      c) Payer Claim Control Number (<i>Loop 2200D – REF02 qualifier 1K</i>)</li> </ol> <p><i>Note: all Searches include MVP Provider ID validation (Loop 2100C – NM109)</i></p> </li> </ul>
<ul style="list-style-type: none"> <li>• MVP search criteria for line level validation are:</li> </ul>



- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Find Patient using search criteria above</li> <li>2. Provider Identifier (Loop 2100C – NM109)</li> <li>3. Service Date (Loop 2210D - DTP02 qualifier 472)</li> <li>4. Service Line Procedure Code (<i>Loop 2210D – SVC01-2</i>) or Revenue Code (<i>Loop 2210D – SVC04</i>)</li> <li>5. Service Line Charge Amounts (<i>Loop 2210D – SVC02</i>)</li> </ol> |
|--|

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

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Table 2 – Subscriber Level Detail information (if appropriate)</li> </ul> |
|  |
| <ul style="list-style-type: none"> <li>• Claim Level and Service Line information (if appropriate)</li> </ul>      |

**4.4 RE-TRANSMISSION PROCEDURE**

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

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

Level 1 (X12 Syntax Integrity)

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

Level 2 (HIPAA Syntactical Requirement Testing)

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



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

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

## **4.5 COMMUNICATION PROTOCOL SPECIFICATIONS**

### **Trading Partner Architecture Requirements**

SOAP

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

#### **PASSWORDS**

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

If a password reset is needed for any reason, please contact MVP's [EDI Services](#) Department.

## **4.6 CORE IV REAL-TIME CONNECTIVITY**

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

## **4.7 CORE II REAL-TIME CONNECTIVITY**

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

•

## **4.8 DELIMITERS SUPPORTED**

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



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

<b>Description</b>	<b>Default Delimiter</b>
Data element separator	* Asterisk
Sub-element separator	: Colon
Repetition separator	^ Carrot
Segment Terminator	~ Tilde

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



## **4.9 MAXIMUM LIMITATIONS**

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

## **4.10 DOWNTIME**

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

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

# **5 CONTACT INFORMATION**

## **5.1 EDI CUSTOMER SERVICE**

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

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

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com) Phone: 1-877-461-4911

## **5.2 EDI TECHNICAL ASSISTANCE**

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911

## **5.3 PROVIDER SERVICE NUMBER**

MVP Contact Number – Claim Status, Eligibility, and Benefits

MVP Customer Care Center for Provider Services

Phone: 1-800-684-9286

## **5.4 APPLICABLE WEBSITES/E-MAIL**

Website: [www.MVPHealthCare.com](http://www.MVPHealthCare.com)

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)





## 6 CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA

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

#### 270

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

#### 271

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

#### 276

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

#### 277

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

### 6.2 GS

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



**270**

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

**271**

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

**276**

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

**277**

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



### 6.3 ST

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

#### 270

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

#### 271

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

#### 276

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

#### 277

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

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

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

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



## 7.1 REQUEST TRANSACTIONS SUPPORTED

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

<ul style="list-style-type: none"> <li>• 270 Health Care Benefit Inquiry Request – <b>ASC X12N 270 (005010X0279A1)</b></li> </ul>
<ul style="list-style-type: none"> <li>• 276 Health Care Claim Status Request – <b>ASC X12N 276 (005010X212)</b></li> </ul>

## 7.2 RESPONSE TRANSACTIONS SUPPORTED

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

<ul style="list-style-type: none"> <li>• 271 Health Care Benefit Inquiry Response - <b>ASC X12N 271 (005010X0279A1)</b></li> </ul>
<ul style="list-style-type: none"> <li>• 999 Acknowledgement for Health Care Insurance – <b>ASC X12C 999 (005010X231A1)</b></li> </ul>

<ul style="list-style-type: none"> <li>• 277 Health Care Claim Status Response - <b>ASC X12N 277 (005010X212)</b></li> </ul>
<ul style="list-style-type: none"> <li>• 999 Implementation Acknowledgement for Health Care Insurance (<b>005010X231A1</b>)</li> </ul>

## 5. ACKNOWLEDGEMENTS AND/OR REPORTS

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

## 7.3 REPORT INVENTORY

None identified at this time.

## 8 TRADING PARTNER AGREEMENTS

Contact MVP's EDI Services Department at:

Email: [EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

Phone: 1-877-461-4911



## 9 TRANSACTION SPECIFIC INFORMATION (270/271)

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

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

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



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



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



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





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



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



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



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



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



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



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



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





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

## 10 TRANSACTION SPECIFIC INFORMATION

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

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



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



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



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



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



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



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



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





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



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



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



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



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

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

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



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



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



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



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



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

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



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

**TABLE 2 - DETAIL, SUBSCRIBER LEVEL**

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



Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
246	S	TRN	SUBSCRIBER TRACE NUMBER			Use this segment to convey a unique trace or reference number for the patient (subscriber or dependent). If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify them selves in TRN03.
247	R	TRN01	TRACE TYPE CODE	1, 2	1/2	1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers
248	R	TRN02	TRACE NUMBER		1/50	TRN02 provides <b>unique</b> identification for the transaction.
248	R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		10/10	If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1", use this information to identify the organization that assigned this trace number. The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.
248	S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		1/50	If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1"Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).
	R	Loop 2100C	SUBSCRIBER NAME			Use this loop to identify the patient (subscriber or dependent)
249	R	NM1	SUBSCRIBER NAME			
249	R	NM101	ENTITY IDENTIFIER CODE	IL	2/3	IL=Insured or Subscriber



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

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



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





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



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



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



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



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



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

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



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



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





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



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



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



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



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



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



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



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





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



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



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



## 11 APPENDICES

### 1. Implementation Checklist

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

### 2. Business Scenarios

Please refer to the business scenarios presented in the TR3 guide

### 3. Transmission Examples

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

### 4. Frequently Asked Questions

## 12 VERSION CHANGE LOG

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



**Content Changes**

**Format Changes**

**Version 5.0 Updated for change of platform from PNT Data to MVP/TransShuttle Published December 2017**

**Major Changes include:**

**Primary platform change from PNT Data to MVP's use of the TransShuttle platform**