Companion Document

270/271

270/271 Health Care Eligibility Benefit Inquiry and Response — Real-time

This companion document is for informational purposes only. It describes certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the Accredited Standards Committee (ASC) X12 Standards for Electronic Data Interchange (EDI) Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 — Health Care Eligibility Benefit Inquiry and Response: basic instructions

Section 2 — Health Care Eligibility Benefit Inquiry and Response: enveloping

Section 3 — Health Care Eligibility Benefit Inquiry and Response: charts for situational rules

Please contact E-Solutions with any questions.

1-800-470-9630
E-Solutions.support@anthem.com

Section 1 — basic instructions

1.1 Council for Affordable Quality Healthcare (CAQH)

CAQH is a nonprofit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The CAQH Committee on Operating Rules for Information Exchange (CORE) Phases I & II operating rules have been adopted by the Department of Health and Human Services as necessary business rules and guidelines for the electronic exchange of information. These operating rules are incorporated into this companion document.

1.2 Business purpose

The purpose of generating a 270 inquiry is to allow providers to determine if, and what, benefits and coverage an Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) member with an ID card has for a specific period of time. To obtain the highest possibility of a patient match for eligibility, the following five primary identifiers should be supplied:

1. Patient's first name, in its entirety (10 characters) — Loop 2100D, NM104 (if subscriber is the patient); Loop 2100C, NM104 (if dependent is the patient)
2. Patient's last name — Loop 2100D or Loop 2100C, NM103
3. Patient's date of birth — DMG02
4. Subscriber ID number, exactly as it appears on the ID card, including alpha prefix if applicable — NM109
5. Dates of eligibility requested by provider — DTP03

When the criteria are not met, the AAA segments (used to identify security validation requirements and/or Anthem business edits) of the 271 response will indicate the reason for why the 270 inquiry has been rejected.

1.3 Delimiters

Anthem only accepts the following delimiters as defined by the American National Standard Institute (ANSI) standards of the basic character set:

- Data element separator, asterisk (*)
- Repetition separator (ISA11), caret (^)
- Subelement separator, colon (:)
- Segment terminator, tilde (~)

Note: Since the above values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between Anthem and the trading partner.

1.4 Uppercase letters

Anthem requests that all data be entered in uppercase letters only.

1.5   Communication protocol specifications

- Hypertext Transfer Protocol Secure (HTTPS) connectivity
    - HTTPS connectivity is available through the Internet.
    - HTTPS setup steps: Contact E-Solutions to begin the process of getting set up for HTTPS.
        1. E-Solutions will collect information about your organization.
        2. You will be assigned a system and gateway user ID and password.
        3. You will perform the necessary testing and then be promoted to production.
    - Web address: Below is the HTTPS universal resource locator (URL) address where an embedded 270 message may be sent using the HTTPS protocol for a 271 response.
        - Real-time   URL: **https://www.edirealtime.com/edirealtimeph2/edirealtime** (single inquiry only)
- **HTTPS message format** — Input parameters (see table, HTTPS and SOAP — simple object access protocol — metadata) for real-time needs should be submitted on the 270 request data in order to receive a 271 response message.
- **SOAP message format** — SOAP uses the same field descriptions as HTTPS but in SOAP format. You must request Web services description language (WSDL) files for SOAP processing.
    - SOAP URL: **https://www.hipaaiaswebservice.com/wsedirealtime/wsedirealtime**

Field Name	Description	Format	Example
HTTPS and SOAP Metadata (Real-Time)			
PayloadType	Specifies the type of payload included within a request.	Text	**X12_270_Request _005010X279A1**
ProcessingMode	Indicates Batch or Real-Time processing mode.	Text	**Real-Time**
PayloadID	Identifies the request submitted.	Alphanumeric, may contain hyphen	
EncType	Form Data Type	multipart/form-data	
TimeStamp	Time and Date specifying when a message is created and sent to a receiver.	Universal Time (UTC) http://www.w3.org/TR/xmls chema11-2/#date/Time	**2010-02-22T15:15:52Z**
UserName	Is used to log into the account. A password will be associated with the User, which allows a request to complete. Username is assigned.	6-12 characters; not case sensitive	
Password	Pairs with the *User* field to allow access to the eligibility request system. Password is assigned.	6-12 characters; case sensitive	
SenderID	Represents the Sender ID (ISA06) from the X12 file being submitted.	Alphanumeric	
ReceiverID	Represents the Receiver ID (ISA08) from the X12 file being submitted.	Alphanumeric	See Section 1.6 for valid values
CORERuleVersion	Represents the CORE Rule version; can be used to maintain backward compatibility when parsing/processing messages.	Version number	**2.2.0**
Payload	Contains the file with the X12 request data.	HIPAA X12 Compliant	

HTTPS error messages

The following are the different message responses and error notifications that may be received when submitting 270 requests.

- **HTTP 202 ok** — When authorization is passed and interface is successful with eligibility systems, HTTP 202 ok status code and the 271 response X12 data content will be returned by the application.
- **Authorization errors** — If the username and/or password included in the request are not valid, HTTP 403 forbidden error response with no data will be returned by the application.
- **Server errors** — When the CAQH connectivity application is not able to process a real-time request due to interface failures or eligibility system unavailability, etc., standard 5xx series error such as HTTP 500 internal server error or HTTP 503 service will be returned by the application. In this scenario, the 270 request submitter will need to resubmit the request since the application process for 271 message reply failed.

1.6   System hours of availability

As a CORE-certified health plan, Anthem follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime and/or maintenance will be reserved for Sundays and the following holidays:

- New Year's Day (01/01/CCYY)
- Memorial Day (last Monday in May)
- Independence Day (07/04/CCYY)
- Labor Day (first Monday in September)
- Thanksgiving Day (fourth Thursday in November)
- Christmas Day (12/25/CCYY)

1.7   Acknowledgements and/or reports

After submitting a 270 transaction, you will receive only one of the following responses:

- A TA1 (X12) functional acknowledgement report when the EDI envelope cannot be processed;
- 999 when the submitted 270 inquiry does not pass HIPAA validation; or
- A 271 response is returned in all other cases to indicate the member's coverage.

Sample TA1 file

```
ISA*00*          *00*          *ZZ*RECEIVER       *ZZ*SENDER         *110531*1508*^*00501*000000001*0*T*:~
TA1*723010535*061024*1006*R*023~
TA1*723010535*061024*1006*R*001~
TA1*723010535*061024*1006*R*021~
TA1*723010535*061024*1006*R*009~
TA1*723010535*061024*1006*R*024~
IEA*0*000000001~
```

Sample 999 file

```
ISA*00*          *00*          *ZZ*RECEIVER       *ZZ*SENDER         *110726*0702*^*00501*000003072*0*T*:~
GS*FA*RECEIVER*SENDER*20110726*070241*30720001*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*98705996*005010X279A1~
AK2*270*0001*005010X279A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*30720001~
IEA*1*000003072~
```

Sample TA1 (864) file

```
ISA*00*          *00*          *ZZ*RECEIVER       *ZZ*SENDER         *110726*0700*^*00501*823923824*0*T*:~
GS*TX*RECEIVER*SENDER*20110726*07000920*98705996*X*005010~
ST*864*98705996*005010~
BMG*08*TA1 REPORT*03~
MIT*98705996*TA1 REPORT~
MSG*                                    ENTERPRISE CLEARINGHOUSE                                    *SS~
MSG*                                    TRADING PARTNER TA1 REPORT                                   *SS~
MSG* TRADING PARTNER ID #: SENDER                                                                    *SS~
MSG* REPORT RUNTIME: 07/26/11 07:00                                                                  *SS~
MSG* FILE REJECT TIME: 07/26/11 07:00                                                                *SS~
MSG*                                                                                                 *SS~
MSG* -------------------------------------- START OF REPORT --------------------------------------------*SS~
MSG* _____*SS~
MSG*                                                                                                 *SS~
MSG* SOURCE FILE NAME TRANSACTION RECEIPT DATE ISA CONTROL #  GS RECEIVER ID  GS CONTROL #  REJECT REASON  *SS~
MSG* ---------------- ----------- ------------ -------------  --------------  ------------  ----------------*SS~
MSG* HS0726065503     270         07/31/2003   823923824      RECEIVER        98705996      Envelope Control Segment
Errors            *SS~
MSG* -------------------------------------- END OF REPORT --------------------------------------------*SS~
SE*37*98705996~
GE*1*98705996~
IEA*1*823923824~
```

1.8   Individual service types supported

Anthem will respond with specific eligibility and benefit information when an inquiry is submitted with one of the following service type codes:

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
1	Medical Care	1	Medical Care	Medical services and supplies to diagnose and/or treat a medical condition, illness, or injury and provided by a physician or other health care provider.
		2	Surgical	
		42	Home Health Care	
		45	Hospice	
		69	Maternity	
		76	Dialysis	
		83	Infertility	
		AG	Skilled Nursing Care	
		BT	Gynecological	
		BU	Obstetrical	
		DM	Durable Medical Equipment	
2	Surgical	2	Surgical	Surgical services provided by a physician or other health care provider.
		7	Anesthesia	
		8	Surgical Assistance	
		20	Second Surgical Opinion	
4	Diagnostic X-Ray	4	Diagnostic X-ray	Diagnostic X-ray provided or ordered and billed by a physician or other health care provider.
5	Diagnostic Lab	5	Diagnostic Lab	Diagnostic lab provided or ordered and billed by a physician or other health care provider.
6	Radiation Therapy	6	Radiation Therapy	Radiation therapy or X-ray therapy provided or ordered and billed by a physician or other health care provider.
7	Anesthesia	7	Anesthesia	Anesthesia services related to inpatient or outpatient surgery provided or ordered and billed by a physician or other health care provider.
8	Surgical Assistance	8	Surgical Assistance	Assistant surgeon/surgical assistance provided by a physician if required because of the complexity of the surgical procedures.
12	Durable Medical Equipment Purchase	12	Durable Medical Equipment Purchase	Purchase of medically necessary equipment and supplies prescribed by a physician or other health care provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
13	Ambulatory Service Center Facility	13	Ambulatory Service Center Facility	A facility that provides services on an outpatient basis, primarily for the purpose of performing medical, surgical or renal dialysis procedures.
18	Durable Medical Equipment Rental	18	Durable Medical Equipment Rental	Rental of medically necessary equipment and supplies prescribed by a physician or other health care provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
20	Second Surgical Opinion	20	Second Surgical Opinion	Additional professional opinion sought to verify or confirm the necessity for surgical procedures.

30	Health Benefit Plan Coverage	1	Medical Care	General high-level summary of the health care benefits of the member's policy or contract.
		33	Chiropractic	
		35	Dental Care	
		47	Hospital	
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		86	Emergency Medical	
		88	Pharmacy	
		98	Office Visit	
30	Health Benefit Plan Coverage	AL	Vision/Optometry	General high-level summary of the health care benefits of the member's policy or contract.
		BZ	Professional Visit Office: Well	
		MH	Mental Health	
		UC	Urgent Care	
		98	Professional (Physician) Visit - Office	
			MSG01="SPECIALIST"	
33	Chiropractic	4	Diagnostic X-ray	Professional services, which may include office visits, manipulations, X-rays, and supplies.
		33	Chiropractic	
35	Dental Care	35	Dental Care	Benefits for services, supplies or appliances for care of teeth.
40	Oral Surgery	40	Oral Surgery	Medical coverage for oral surgical procedures that involves diagnosis and treatment of disorders of the mouth, teeth, jaws and facial structure, including surgical correction of facial deformity and fractures.
42	Home Health Care	42	Home Health Care	Health care services prescribed by a physician and rendered in the home by a qualified health care provider. Common health care services include nursing services; speech, physical, occupational and rehabilitation therapy; social services and home infusion therapy.
		A3	Professional (Physician) Visit - Home	
45	Hospice	45	Hospice	Prescribed by a physician, an integrated set of services and supplies to provide palliative and supportive care to terminally ill patients.
47	Hospital	47	Hospital	Hospital Inpatient and Outpatient services (excluding Hospital – Emergency Accident; Hospital – Emergency Medical; and Hospital – Ambulatory Surgical)and supplies for a patient who may or may not have been admitted to a hospital for the purpose of receiving medical care or other health services.
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		53	Hospital - Ambulatory Surgical	
48	Hospital - Inpatient	48	Hospital - Inpatient	Hospital services and supplies for a patient who has been admitted to a hospital for the purpose of receiving medical care or other health services.
		99	Professional (Physician) Visit - Inpatient	
50	Hospital - Outpatient	50	Hospital Outpatient	Hospital services and supplies for a patient who has not been admitted to a hospital for the purpose of receiving medical care or other health services.
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		A0	Professional (Physician) Visit - Outpatient	
51	Hospital - Emergency Accident	51	Hospital - Emergency Accident	Hospital services and supplies for the treatment of a sudden and unexpected medical injury caused by an external force or element that requires immediate medical attention.
52	Hospital - Emergency Medical	52	Hospital - Emergency Medical	Hospital services and supplies for the treatment of a sudden and unexpected medical or psychiatric condition that requires immediate medical attention.

53	Hospital - Ambulatory Surgical	53	Hospital - Ambulatory Surgical	Outpatient surgery and related services performed and billed for by a hospital.
60	General Benefits	60	General Benefits	Indicates whether a patient has active or inactive medical coverage for the service date requested.
61	In-vitro Fertilization	61	In-vitro Fertilization	Inpatient and outpatient services to treat infertility using IVF (In-vitro Fertilization) procedures.
62	MRI/CAT Scan	62	MRI/CAT Scan	Diagnostic MRI (Magnetic Resonance Imaging) and/or CAT (Computed Axial Tomography) Scan services provided or ordered and billed by a physician or other health care provider.
65	Newborn Care	65	Newborn Care	Professional and facility charges for newborn care, including nursery care and inpatient hospital visits.
68	Well Baby Care	68	Well Baby Care	Medical services and physician visits that are recommended by the American Pediatric Association as appropriate and routine care for a child to a specific age limit.
		80	Immunizations	
		BH	Pediatric	
69	Maternity	69	Maternity	Complete maternity (obstetrical) care, including related conditions resulting in childbirth or miscarriage when provided or ordered and billed by a physician or nurse midwife.
73	Diagnostic Medical	4	Diagnostic X-ray	Diagnostic X-ray tests provided or ordered and billed by a physician or other health care provider.
		5	Diagnostic Lab	
		62	MRI/CAT Scan	
		73	Diagnostic Medical	
76	Dialysis	76	Dialysis	Outpatient dialysis services furnished by a hospital, community health center, free-standing dialysis facility or physician. This coverage may also include dialysis services rendered on an inpatient basis or in the patient's home.
78	Chemotherapy	78	Chemotherapy	Outpatient chemotherapy services furnished by a hospital, community health center, free-standing radiation therapy and chemotherapy facility, physician or nurse practitioner.
80	Immunizations	80	Immunizations	Services and supplies provided by physicians, hospitals, and other health care providers for the administration of preventive vaccines.
81	Routine Physical	81	Routine Physical	Routine medical exams provided by physicians, hospitals, and other health care providers.
82	Family Planning	82	Family Planning	Consultations related to the use of contraceptive methods that have been approved by the U.S. Food and Drug Administration.
83	Infertility	83	Infertility	Inpatient and outpatient services to diagnose and/or treat infertility. Covered services may include assisted reproductive technology procedures.
		61	In-vitro Fertilization	
84	Abortion	84	Abortion	Inpatient and outpatient procedures related to the termination of a pregnancy.
86	Emergency Services	51	Hospital - Emergency Accident	Medical services and supplies provided by physicians, hospitals, and other health care providers for the treatment of a sudden and unexpected medical condition or injury that requires immediate medical attention.
		52	Hospital - Emergency Medical	
		86	Emergency Services	
		98	Professional (Physician) Visit - Office	
88	Pharmacy	88	Pharmacy	Drugs and supplies dispensed by a licensed pharmacist, which may include mail order or internet dispensary.

93	Podiatry	93	Podiatry	Professional services of a physician or other health care provider for the care or treatment of conditions of the foot.
98	Professional (Physician) Visit - Office	98	Professional (Physician) Visit - Office	Professional services of a physician or other health care provider during a sick office visit.
		BZ	Physician Visit - Office: Well	
		98	Professional (Physician) Visit - Office	
			MSG01="SPECIALIST"	
98	Specialist - Office MSG01="SPECIALIST"		Specialist - Office	Professional health care provider (physician) in the office who is NOT one of the following: family practitioner, general practitioner, medical internist, pediatrician, obstetrician/gynecologist (some exceptions may apply), physician assistant, nurse practitioner.
99	Professional (Physician) Visit - Inpatient	99	Professional (Physician) Visit - Inpatient	Professional services of a physician or other health care provider during an inpatient hospital admission.
A0	Professional (Physician) Visit - Outpatient	A0	Professional (Physician) Visit - Outpatient	Professional services of a physician or other health care provider performed in the outpatient department of a hospital or other covered facility.
A3	Professional (Physician) Visit - Home	A3	Professional (Physician) Visit - Home	Professional services of a physician or other health care provider performed in the patient's home.
A6	Psychotherapy	A6	Psychotherapy	Inpatient or outpatient professional services, including individual or group therapy by providers such as psychiatrists, psychologists, clinical social workers or psychiatric nurses.
A7	Psychiatric - Inpatient	A7	Psychiatric - Inpatient	Professional services provided at a hospital or other covered facility as they are related to an inpatient admission for psychiatric health.
A8	Psychiatric - Outpatient	A8	Psychiatric - Outpatient	Professional services provided at a hospital, office or other covered facility as they are related to outpatient care for psychiatric health.
AD	Occupational Therapy	AD	Occupational Therapy	Professional and facility occupational therapy services performed by an occupational therapist, physician or other health care provider at a hospital, office or other covered facility.
AE	Physical Medicine	AE	Physical Medicine	Professional and Facility Services and care related to evaluation and treatment of injury or disorders.
AF	Speech Therapy	AF	Speech Therapy	Professional and facility speech therapy services performed by a speech therapist, physician or other health care provider at a hospital, office or other covered facility.
AG	Skilled Nursing Care	AG	Skilled Nursing Care	Services and supplies for a patient who has been admitted to a skilled nursing facility for the purpose of receiving medical care or other health services.
AI	Substance Abuse	AI	Substance Abuse	Professional services provided at a hospital, office or other covered facility as they are related to the diagnosis and treatment of substance abuse.
AL	Vision (Optometry)	AL	Vision (Optometry)	Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses.
BG	Cardiac Rehabilitation	BG	Cardiac Rehabilitation	Cardiac rehabilitation services rendered by a physician or other health care provider in a hospital or other covered facility.

BH	Pediatric	BH	Pediatric	Routine medical exams and related routine services, rendered to a child. Restrictions may apply due to age schedule and/ or visit limits
BT	Gynecological	BT	Gynecological	Medical care related to care and management of the female reproductive system and associated disorders provided by a physician or other health care provider.
BU	Obstetrical	BU	Obstetrical	Medical care related to care of women during pregnancy, parturition, and puerperium provided by a physician or other health care provider.
BV	Obstetrical/Gynecological	BV	Obstetrical/Gynecological	Medical care related to care and management of the female reproductive system and associated disorders before, during, and after pregnancy provided by a physician or other health care providers.
		BT	Gynecological	
		BU	Obstetrical	
BY	Physician Visit - Office: Sick	BY	Physician Visit - Office: Sick	Professional services of a physician or other health care provider during a non-routine visit related to an illness.
BZ	Physician Visit - Office: Well	BZ	Physician Visit - Office: Well	Professional services of a physician or other health care provider during a routine or preventive care visit.
CE	MH Provider - Inpatient	CE	MH Provider - Inpatient	Professional and or facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.
CF	MH Provider - Outpatient	CF	MH Provider - Outpatient	Professional and or facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CG	MH Provider Facility - Inpatient	CG	MH Provider Facility - Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.
CH	MH Provider Facility - Outpatient	CH	MH Provider Facility - Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CI	Substance Abuse Facility - Inpatient	CI	Substance Abuse Facility - Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CJ	Substance Abuse Facility - Outpatient	CJ	Substance Abuse Facility - Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CK	Screening X-ray	CK	Screening X-ray	X-ray services provided by a physician or other health care provider for the purpose of preventive care.
CL	Screening Laboratory	CL	Screening Laboratory	Laboratory services provided by a physician or other health care provider for the purpose of preventive care.
CM	Mammogram, HR Patient	CM	Mammogram, HR Patient	Mammography services for patients that have been identified with a greater than normal risk for breast cancers and related diseases.
CN	Mammogram, LR Patient	CN	Mammogram, LR Patient	Mammography services for patients that have been identified with a normal risk for breast cancers and related diseases.
CO	Flu Vaccination	CO	Flu Vaccination	Services provided by a physician or other health care provider related to administration of influenza virus vaccination.

DM	Durable Medical Equipment	DM	Durable Medical Equipment	Equipment and supplies prescribed by a physician or other health care provider that can withstand repeated use, are medically necessary for the patient, are for the patient's use in the home and are usable for an extended period of time.
		12	Durable Medical Equipment Purchase	
		18	Durable Medical Equipment Rental	
MH	Mental Health	MH	Mental Health	Mental health services provided by a physician or other health care providers who are trained and educated to perform services related to mental health and may be licensed or practice within the scope of licensure or training.
		CE	MH Provider - Inpatient	
		CF	MH Provider - Outpatient	
		CG	MH Provider Facility - Inpatient	
		CH	MH Provider Facility - Outpatient	
UC	Urgent Care	UC	Urgent Care	Medical services and supplies provided by physicians or other health care providers for the treatment of an urgent medical condition or injury that requires medical attention.

Section 2 — enveloping

EDI envelopes control and track communications between you and Anthem. One envelope may contain many transaction sets grouped into the following:

- Interchange control header (ISA)
- Functional group header (GS)
- Interchange control trailer (IEA)
- Functional group trailer (GE)

270 Health Care Eligibility Benefit Inquiry—Envelope
Specific to Anthem (TR3, Appendix C)

ISA—Interchange Control Header		GS—Functional Group Header		GE—Functional Group Trailer		IEA—Interchange Control Trailer	
ISA01	00	GS01	HS	GE01	*refer to TR3*	IEA01	*refer to TR3*
ISA02	*refer to TR3*	GS02	SENDER ID	GE02	*refer to TR3*	IEA02	*refer to TR3*
ISA03	00		EDI assigned				
ISA04	*refer to TR3*		Left-justified followed by				
ISA05	ZZ		no zeroes or spaces				
ISA06	SENDER ID						
	EDI assigned	GS03	265				
	Left-justified	GS04	*refer to TR3*				
	followed by spaces	GS05	*refer to TR3*				
		GS06	*refer to TR3*				
ISA07	ZZ	GS07	X				
ISA08	265	GS08	005010X279A1				
	Left-justified						
	followed by spaces						
ISA09	*refer to TR3*						
ISA10	*refer to TR3*						
ISA11	^ (5E)		*Transactions must be submitted to the Plan for the state in*				
ISA12	00501		*which the services will be rendered. Transaction from*				
ISA13	*refer to TR3*		*providers not within our service areas must not be sent.*				
ISA14	*refer to TR3*						
ISA15	*refer to TR3*						
ISA16	: (3A)						

271 Health Care Eligibility Benefit Response—Envelope
Specific to Anthem (TR3, Appendix C)

ISA—Interchange Control Header		GS—Functional Group Header		GE—Functional Group Trailer		IEA—Interchange Control Trailer	
ISA01	00	GS01	HB	GE01	*refer to TR3*	IEA01	*refer to TR3*
ISA02	*10 spaces*	GS02	265	GE02	*refer to TR3*	IEA02	*refer to TR3*
ISA03	00	GS03	*RECEIVER ID*				
ISA04	*10 spaces*	GS04	*refer to TR3*				
ISA05	ZZ	GS05	*refer to TR3*				
ISA06	265	GS06	*refer to TR3*				
ISA07	ZZ	GS07	X				
ISA08	*RECEIVER ID*	GS08	005010X279A1				
ISA09	*refer to TR3*						
ISA10	*refer to TR3*						
ISA11	^ (5E)						
ISA12	00501						
ISA13	*refer to TR3*						
ISA14	0						
ISA15	*refer to TR3*						
ISA16	: (3A)						

Section 3 — charts for situational rules

Listed below are loops, segments and data elements that, if submitted, will greatly improve your chances of a successful response per our implementation of the situational rules in the 270/271 TR3.

270 Health Care Eligibility Benefit Inquiry				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes** Specific to Anthem
	ST	*Transaction Set Header - Refer to TR3*		
	BHT Beginning of Hierarchical Trx	**BHT02** Transaction Set Purpose Code	*13*	13 - Request
Loop ID 2000A—Information Source Level				
	HL	*Information Source Level - Refer to TR3*		
Loop ID 2100A—Information Source Name				
	NM1 Information Source Name	**NM103** Name Last or Organization Name	*(Information Source Last or Org Name)*	ANTHEM BLUE CROSS BLUE SHIELD
		NM108 ID Code Qualifier	*PI*	PI - Payer Identification
		NM109 Identification Code	*265*	265 - represents Anthem NV as receiver
Loop ID 2000B—Information Receiver Level				
	HL	*Information Receiver Level - Refer to TR3*		
Loop ID 2100B—Information Receiver Name				
	NM1	*Information Receiver Name - Refer to TR3*		
	REF	*Information Receiver Additional Identification - Refer to TR3*		
	N3	*Information Receiver Address - Refer to TR3*		
	N4	*Information Receiver City, State, ZIP Code - Refer to TR3*		
	PRV	*Information Receiver Provider Information - Refer to TR3*		
Loop ID 2000C—Subscriber Level				
	HL	*Subscriber Level - Refer to TR3*		
	TRN Subscriber Trace Number	**TRN02** Ref Identification	*(Trace Number)*	The values in TRN segment are not required.
		TRN03 Originating Company Identifier	*(Trace Assigning Entity)*	

Loop ID 2100C—Subscriber Name				
	NM1 Subscriber Name	**NM103** Name Last or Organization Name	*(Subscriber Last Name)*	First and Last name of the subscriber, exactly as they appear on the ID card. Populated for finding match for subscriber.
		NM104 Name First	*(Subscriber First Name)*	
		NM108 ID Code Qualifier	*MI*	MI - Member Identification Number
		NM109 Identification Code	*(Subscriber Primary ID)*	ID number, exactly as it appears on the ID card, **including any alphanumeric prefix, which is required when present**. Populated for finding match for subscriber.
		Format Examples		**Explanation**
		XXX######### *XXXX########* *XXX###X#####*	*R########* *J##########*	Alphanumeric subscriber identification as it appears on the front of the ID card.
	REF Subscriber Additional Identification	**REF01** Ref ID Code Qualifier	*6P*	6P - Group Number
		REF02 Reference Identification	*(Subscriber Supplemental Identifier)*	Coverage within span dates will be returned for the group # submitted over coverage for other group numbers.
	N3	*Subscriber Address - Refer to TR3*		
	N4	*Subscriber City, State, ZIP Code - Refer to TR3*		
	PRV	*Provider Information - Refer to TR3*		
	DMG Subscriber Demographic Information	**DMG02** Date Time Period	*(Subscriber Birth Date)*	Populated for positive identification of the subscriber.
	INS	*Multiple Birth Sequence Number - Refer to TR3*		
	HI	*Subscriber Health Care Diagnosis Code - Refer to TR3*		
	DTP Subscriber Date	**DTP01** Date/Time Qualifier	*291*	291 - Plan
		DTP03 Date Time Period	Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements.	
Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry				
To ensure file is accepted, use EQ segment in 2110C or 2110D, and do not populate in both loops.				
	EQ Subscriber Eligibility or Benefit Inquiry	**EQ01** Service Type Code	*(See Basic Instructions)*	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response.
		EQ02 Composite Medical Procedure Identifier	271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02.	
	AMT	*Subscriber Spend Down Amount - Refer to TR3*		
	AMT	*Subscriber Spend Down Total Billed Amount - Refer to TR3*		
	III	*Subscriber Eligibility or Benefit Additional Inquiry - Refer to TR3*		
	REF	*Subscriber Additional Information - Refer to TR3*		
	DTP	*Subscriber Eligibility/Benefit Date - Refer to TR3*		

Loop ID 2000D—Dependent Level			
HL	*Dependent Level - Refer to TR3*		
TRN Dependent Trace Number	**TRN02** Ref Identification	*(Trace Number)*	The values in TRN segment are not required.
	TRN03 Originating Company Identifier	*(Trace Assigning Entity)*	
Loop ID 2100D—Dependent Name			
NM1 Dependent Name	**NM103** Name Last or Organization Name	*(Dependent Last Name)*	First and Last name of the dependent, exactly as they appear on the ID card. Populated for finding match for dependent.
	NM104 Name First	*(Dependent First Name)*	
REF Dependent Additional Identification	**REF01** Ref ID Code Qualifier	*6P*	6P - Group Number
	REF02 Reference Identification	*(Subscriber Supplemental Identifier)*	Coverage within span dates will be returned for the group number submitted over coverage for other group numbers.
N3	*Dependent Address - Refer to TR3*		
N4	*Dependent City, State, ZIP Code - Refer to TR3*		
PRV	*Provider Information - Refer to TR3*		
DMG Dependent Demographic Information	**DMG02** Date Time Period	*(Dependent Birth Date)*	Dependent's date of birth. Populated for positive identification of the dependent as the patient.
INS	*Dependent Relationship - Refer to TR3*		
HI	*Dependent Health Care Diagnosis Code - Refer to TR3*		
DTP Dependent Date	**DTP01** Date/Time Qualifier	*291*	291 - Plan
	DTP03 Date Time Period	Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements.	
Loop ID 2110D—Dependent Eligibility or Benefit Inquiry			
To ensure file is accepted, use EQ segment in 2110D or 2110C, and do not populate in both loops.			
EQ Dependent Eligibility or Benefit Inquiry	**EQ01** Service Type Code	*(See Basic Instructions)*	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response.
	EQ02 Composite Medical Procedure Identifier	271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02.	
III	*Dependent Eligibility or Benefit Additional Inquiry Information - Refer to TR3*		
REF	*Dependent Additional Information - Refer to TR3*		
DTP	*Dependent Eligibility/Benefit Date - Refer to TR3*		
SE	*Transaction Set Trailer - Refer to TR3*		

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
**271 Health Care Eligibility Benefit Response**			
	ST		*Transaction Set Header - Refer to TR3*	
	BHT		*Beginning of Hierarchical Transaction - Refer to TR3*	
**Loop ID 2000A—Information Source Level**			
	HL		*Information Source Level - Refer to TR3*	
	AAA		*Request Validation - Refer to TR3*	
**Loop ID 2100A—Information Source Name**			
	NM1 Information Source Name	**NM101** Entity Identifier Code	*PR*	PR - Payer
		NM102 Entity Type Qualifier	*2*	2 - Non- Person Entity
		NM108 ID Code Qualifier	*PI*	PI - Payer Identification
		NM109 Identification Code	*265*	265 - represents Anthem NV as receiver
	PER		*Information Source Contact Information - Refer to TR3*	
	AAA		*Request Validation - Refer to TR3*	
**Loop ID 2000B—Information Receiver Level**			
	HL		*Information Receiver Level - Refer to TR3*	
**Loop ID 2100B—Information Receiver Name**			
	NM1		*Information Receiver Name - Refer to TR3*	
	REF		*Information Receiver Additional Identification - Refer to TR3*	
	AAA		*Information Receiver Request Validation - Refer to TR3*	
	PRV		*Information Receiver Provider Information - Refer to TR3*	
**Loop ID 2000C—Subscriber Level**			
	HL		*Subscriber Level - Refer to TR3*	
	TRN Subscriber Trace Number	**TRN03** Originating Company Identifier	*(Trace Assigning Entity)*	Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3 or 9.
**Loop ID 2100C—Subscriber Name**			
	NM1		*Subscriber Name - Refer to TR3*	
	REF		*Subscriber Additional Identification - Refer to TR3*	
	N3		*Subscriber Address - Refer to TR3*	
	N4		*Subscriber City, State ZIP Code - Refer to TR3*	
	AAA		*Subscriber Request Validation - Refer to TR3*	
	PRV		*Provider Information - Refer to TR3*	
	DMG		*Subscriber Demographic Information - Refer to TR3*	
	INS		*Subscriber Relationship - Refer to TR3*	
	HI		*Subscriber Health Care Diagnosis Code - Refer to TR3*	
	DTP		*Subscriber Date - Refer to TR3*	
	MPI		*Subscriber Military Personnel Information - Refer to TR3*	

Loop ID 2110C—Subscriber Eligibility or Benefit Information			
EB	*Subscriber Eligibility or Benefit Information - Refer to TR3*		
HSD	*Health Care Services Delivery - Refer to TR3*		
REF	*Subscriber Additional Identification - Refer to TR3*		
Loop ID 2110C—Subscriber Eligibility or Benefit Information			
Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage.			
DTP	*Subscriber Eligibility/Benefit Date - Refer to TR3*		
AAA	*Subscriber Request Validation - Refer to TR3*		
MSG	*Message Text - Refer to TR3*		
Loop ID 2115C—Subscriber Eligibility or Benefit Additional Information			
III	*Subscriber Eligibility or Benefit Additional Information - Refer to TR3*		
LS	*Loop Header - Refer to TR3*		
Loop ID 2120C—Subscriber Benefit Related Entity Name			
NM1	*Subscriber Benefit Related Entity Name - Refer to TR3*		
N3	*Subscriber Benefit Related Entity Address - Refer to TR3*		
N4	*Subscriber Benefit Related Entity City, State ZIP Code - Refer to TR3*		
PER	*Subscriber Benefit Related Entity Contact Information - Refer to TR3*		
PRV	*Subscriber Benefit Related Provider Information - Refer to TR3*		
LE	*Loop Trailer - Refer to TR3*		
Loop ID 2000D—Dependent Level			
HL	*Dependent Level - Refer to TR3*		
TRN Dependent Trace Number	**TRN03** Originating Company Identifier	*(Trace Assigning Entity)*	Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3 or 9.
Loop ID 2100D—Dependent Name			
NM1	*Dependent Name - Refer to TR3*		
REF	*Dependent Additional Identification - Refer to TR3*		
N3	*Dependent Address - Refer to TR3*		
N4	*Dependent City, State ZIP Code - Refer to TR3*		
AAA	*Dependent Request Validation - Refer to TR3*		
PRV	*Provider Information - Refer to TR3*		
DMG	*Dependent Demographic Information - Refer to TR3*		
INS	*Dependent Relationship - Refer to TR3*		
HI	*Dependent Health Care Diagnosis Code - Refer to TR3*		
DTP	*Dependent Date - Refer to TR3*		
MPI	*Dependent Military Personnel Information - Refer to TR3*		
Loop ID 2110D—Dependent Eligibility or Benefit Information			
EB	*Dependent Eligibility or Benefit Information - Refer to TR3*		
HSD	*Health Care Services Delivery - Refer to TR3*		
REF	*Dependent Additional Identification - Refer to TR3*		
Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage.			
DTP	*Dependent Eligibility/Benefit Date - Refer to TR3*		
AAA	*Dependent Request Validation - Refer to TR3*		
MSG	*Message Text - Refer to TR3*		

Loop ID 2115D—Dependent Eligibility or Benefit Additional Information	
III	*Dependent Eligibility or Benefit Additional Information - Refer to TR3*
LS	*Loop Header - Refer to TR3*
Loop ID 2120D—Dependent Eligibility or Benefit Related Entity Name	
NM1	*Dependent Benefit Related Entity Name - Refer to TR3*
N3	*Dependent Benefit Related Entity Address - Refer to TR3*
N4	*Dependent Benefit Related Entity City, State ZIP Code - Refer to TR3*
PER	*Dependent Benefit Related Entity Contact Information - Refer to TR3*
PRV	*Dependent Benefit Related Provider Information - Refer to TR3*
LE	*Loop Trailer - Refer to TR3*
SE	*Transaction Set Trailer - Refer to TR3*