

# Vermont MMIS HIPAA Tech Specs

## 270 Health Care Eligibility Benefit Inquiry

### Eligibility Benefit Inquiry

Field	HIPAA Guide Name	Page		HIPAA	Medicaid	MMIS Instruction
		#	Usage	Note	Note	
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NA (Interchange Control Header)						
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ISA (Interchange Control Header)						
ISA01	Authorization Information Qualifier	B.3	R	Y	VT Medicaid expects 00	
ISA03	Security Information Qualifier	B.4	R	Y	VT Medicaid expects "00".	
ISA04	Security Information	B.4	R	Y	Leave blank.	
ISA05	Interchange Sender ID Qualifier	B.4	R	Y	VT Medicaid expects to receive qualifier "ZZ"	
ISA06	Interchange Sender ID	B.4	R	Y	Use VT Medicaid assigned Trading Partner ID	
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y	Use qualifier "ZZ"	
ISA08	Interchange Receiver ID	B.5	R	Y	Use VT Medicaid EIN "752548221"	
ISA09	Interchange Date	B.5	R	N		
ISA10	Interchange Time	B.5	R	N		
ISA11	Interchange Control Standards Identifier	B.5	R	N		
ISA12	Interchange Control Version Number	B.5	R	N		
ISA13	Interchange Control Number	B.5	R	N		
ISA14	Acknowledgment Requested	B.6	R	Y	Send "0".	
ISA15	Usage Indicator	B.6	R	Y	Send "T" for test files and "P" for production files.	
ISA16	Component Element Separator	B.6	R	N		

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#### NA (Functional Group Header)

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#### GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	Use VT Medicaid assigned Trading Partner ID
GS03	Application Receiver's Code	B.8	R	Y	Use Medicaid EIN "752548221"
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	Use 004010X092A1

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#### NA (Transaction Set Header)

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#### ST (Transaction Set Header)

ST01	Transaction Set Identifier Code	36	R	N	
ST02	Transaction Set Control Number	37	R	Y	Recommend start at 0001 and increment per submission

#### BHT (Beginning of Hierarchical Transaction)

BHT01	Hierarchical Structure Code	38	R	N	
BHT02	Transaction Set Purpose Code	39	R	Y	Value "13" (Request Only) is expected.
BHT03	Submitter Transaction Identifier	39	S	N	
BHT04	Transaction Set Creation Date	39	R	N	
BHT05	Transaction Set Creation Time	40	R	N	
BHT06	Transaction Type Code	40	S	X	

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#### 2000A (Information Source Level)

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##### HL (Information Source Level)

HL01	Hierarchical ID Number	42	R	N
HL03	Hierarchical Level Code	42	R	N
HL04	Hierarchical Child Code	43	R	N

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#### 2100A (Information Source Name)

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##### NM1 (Information Source Name)

NM101	Entity Identifier Code	44	R	Y	VT Medicaid expects "PR" for Payer
NM102	Entity Type Qualifier	45	R	N	Entity Type 2
NM103	Information Source Last or Organization Name	45	S	Y	Send "VT MEDICAID"
NM104	Information Source First Name	45	S	X	
NM105	Information Source Middle Name	45	S	X	
NM107	Information Source Name Suffix	45	S	X	
NM108	Identification Code Qualifier	46	R	Y	Use qualifier "PI" for VT Medicaid
NM109	Information Source Primary Identifier	46	R	Y	Use VT Medicaid EIN "752548221"

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#### 2000B (Information Receiver Level)

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##### HL (Information Receiver Level)

HL01	Hierarchical ID Number	48	R	N
HL02	Hierarchical Parent ID Number	48	R	N
HL03	Hierarchical Level Code	48	R	N
HL04	Hierarchical Child Code	49	R	N

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#### 2100B (Information Receiver Name)

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##### NM1 (Information Receiver Name)

NM101	Entity Identifier Code	50	R	Y	Use "1P" for Provider
NM102	Entity Type Qualifier	51	R	N	
NM103	Information Receiver Last or Organization Name	51	S	N	
NM104	Information Receiver First Name	51	S	N	
NM105	Information Receiver Middle Name	51	S	N	
NM107	Information Receiver Name Suffix	51	S	N	
NM108	Identification Code Qualifier	52	R	Y	Use "XX" for National Provider Identifier Use "SV" for VT Medicaid Provider
NM109	Information Receiver Identification Number	52	R	Y	Report the 10 digit National Provider Identifier Report the 7 digit VT Medicaid provider number

##### REF (Information Receiver Additional Identification)

REF01	Reference Identification Qualifier	54	R	Y	Use qualifier "EO"
REF02	Information Receiver Additional Identifier	56	R	Y	Send the VT Medicaid assigned Trading Partner ID
REF03	License Number State Code	56	S	X	

##### N3 (Information Receiver Address)

N301	Information Receiver Address Line	57	R	X	
N302	Information Receiver Address Line	57	S	X	
N401	Information Receiver City Name	58	R	X	
N402	Information Receiver State Code	59	R	X	
N403	Information Receiver Postal Zone or Zip Code	59	R	X	
N404	Country Code	59	S	X	

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#### PER (Information Receiver Contact Information)

PER01	Contact Function Code	61	R	X
PER02	Information Receiver Contact Name	61	S	X
PER03	Communication Number Qualifier	61	S	X
PER04	Information Receiver Communication Number	62	S	X
PER05	Communication Number Qualifier	62	S	X
PER06	Communication Number	62	S	X
PER07	Communication Number Qualifier	62	S	X
PER08	Communication Number	63	S	X

#### PRV (Information Receiver Provider Information)

PRV01	Provider Code	64	R	X
PRV02	Reference Identification Qualifier	65	R	X
PRV03	Receiver Provider Specialty Code	65	R	X

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#### 2000C (Subscriber Level)

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#### HL (Subscriber Level)

HL01	Hierarchical ID Number	67	R	N	
HL02	Hierarchical Parent ID Number	68	R	N	
HL03	Hierarchical Level Code	68	R	N	
HL04	Hierarchical Child Code	68	R	Y	This will always be "0".

#### TRN (Subscriber Trace Number)

TRN01	Trace Type Code	69	R	N	
TRN02	Trace Number	70	R	Y	An auto-generated number assigned to the transaction
TRN03	Trace Assigning Entity Identifier	70	R	Y	Identification number of the company that assigned the preceding trace number.
TRN04	Trace Assigning Entity Additional Identifier	70	S	Y	An identifier assigned by the Provider to represent the recipient within the Provider's internal system

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2100C (Subscriber Name)					
<b>NM1 (Subscriber Name)</b>					
NM101	Subscriber Name	71	R	N	
NM102	Entity Type Qualifier	72	R	Y	Use "IL".
NM103	Subscriber Last Name	72	S	Y	The Patient is always the VT Medicaid Subscriber.
NM104	Industry Subscriber First Name	72	S	N	
NM105	Subscriber Middle Name	72	S	N	
NM107	Subscriber Name Suffix	72	S	N	
NM108	Identification Code Qualifier	73	S	Y	Send qualifier "MI" (Member Identification)
NM109	Subscriber Primary Identifier	73	S	Y	Send the 9 digit alphanumeric VT Medicaid Recipient ID
<b>REF (Subscriber Additional Information)</b>					
REF01	Reference Identification Qualifier	75	R	Y	Use qualifier "EJ" (Patient Account Number)
REF02	Reference Identification	76	R	Y	Send a Provider-specified patient account number.
<b>N3 (Subscriber Address)</b>					
N301	Subscriber Address Line	77	R	X	
N302	Subscriber Address Line	77	S	X	
<b>N4 (Subscriber City/State/ZIP Code)</b>					
N401	Subscriber City Name	78	S	X	
N402	Subscriber State Code	79	S	X	
N403	Subscriber Postal Zone or Zip Code	79	S	X	
N404	Country Code	79	S	X	
<b>PRV (Provider Information)</b>					
PRV01	Provider Code	81	R	X	
PRV02	Reference Identification Qualifier	82	R	X	
PRV03	Provider Identifier	82	R	X	

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#### DMG (Subscriber Demographic Information)

DMG01	Date Time Period Format Qualifier	84	S	N
DMG02	Subscriber Birth Date	84	S	N
DMG03	Subscriber Gender Code	84	S	N

#### INS (Subscriber Relationship)

INS01	Insured Indicator	86	R	X
INS02	Individual Relationship Code	86	R	X
INS17	Birth Sequence Number	86	R	X

#### DTP (Subscriber Date)

DTP01	Date/Time Qualifier	88	R	Y	Send "307" for Eligibility request
DTP02	Date Time Period Format Qualifier	88	R	Y	Send "RD8" for Range of Dates Expressed in Fromat CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	88	R	N	

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#### 2110C (Subscriber Eligibility or Benefit Inquiry Information)

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#### EQ (Subscriber Eligibility or Benefit Inquiry Information)

EQ01	Service Type Code	90	S	Y	VT Medicaid expects to see "30".
EQ02	Composite Medical Procedure Identifier	95	S	X	
EQ02	C003-1 Product or Service ID Qualifier	95	R	X	
EQ02	C003-2 Procedure Code	96	R	X	
EQ02	C003-3 Procedure Modifier	96	S	X	
EQ02	C003-4 Procedure Modifier	96	S	X	
EQ02	C003-5 Procedure Modifier	96	S	X	
EQ02	C003-6 Procedure Modifier	96	S	X	
EQ03	Coverage Level Code	97	S	X	
EQ04	Insurance Type Code	97	S	X	

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#### AMT (Subscriber Spend Down Amount)

AMT01	Amount Qualifier Code	99	R	X
AMT02	SpendDown Amount	100	R	X

#### III (Subscriber Eligibility or Benefit Additional Inquiry Information)

III01	Code List Qualifier Code	102	R	X
III02	Industry Code	103	R	X

#### REF (Subscriber Additional Information)

REF01	Reference Identification Qualifier	104	R	X
REF02	Prior Authorization or Referral Number	105	R	X

#### DTP (Subscriber Eligibility/Benefit Date)

DTP01	Date Time Qualifier	106	R	X
DTP02	Date Time Period Format Qualifier	107	R	X
DTP03	Date Time Period	107	R	X

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#### 2000D (Dependent Level)

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#### HL (Dependent Level)

HL01	Hierarchical ID Number	110	R	X
HL02	Hierarchical Parent ID Number	110	R	X
HL03	Hierarchical Level Code	111	R	X
HL04	Hierarchical Child Code	111	R	X

#### TRN (Dependent Trace Number)

TRN01	Trace Type Code	112	R	X
TRN02	Trace Number	113	R	X
TRN03	Trace Assigning Entity Identifier	113	R	X
TRN04	Trace Assigning Entity Additional Identifier	113	S	X

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#### 2100D (Dependent Name)

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##### NM1 (Dependent Name)

NM101	Subscriber Name	114	R	X
NM102	Entity Type Qualifier	115	R	X
NM103	Subscriber Last Name	115	S	X
NM104	Industry Subscriber First Name	115	S	X
NM105	Subscriber Middle Name	115	S	X
NM107	Subscriber Name Suffix	115	S	X
NM108	Identification Code Qualifier	115	N	X
NM109	Subscriber Primary Identifier	115	N	X

##### REF (Dependent Additional Information)

REF01	Reference Identification Qualifier	116	R	X
REF02	Reference Identification	117	R	X

##### N3 (Dependent Address)

N301	Subscriber Address Line	118	R	X
N302	Subscriber Address Line	118	S	X

##### N4 (Dependent City/State/ZIP Code)

N401	Subscriber City Name	119	S	X
N402	Subscriber State Code	120	S	X
N403	Subscriber Postal Zone or Zip Code	120	S	X
N404	Country Code	120	S	X

##### PRV (Provider Information)

PRV01	Provider Code	122	R	X
PRV02	Reference Identification Qualifier	123	R	X
PRV03	Provider Identifier	123	R	X

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#### DMG (Dependent Demographic Information)

DMG01	Date Time Period Format Qualifier	125	S	X
DMG02	Subscriber Birth Date	125	S	X
DMG03	Subscriber Gender Code	125	S	X

#### INS (Dependent Relationship)

INS01	Insured Indicator	127	R	X
INS02	Individual Relationship Code	127	R	X
INS17	Birth Sequence Number	128	S	X

#### DTP (Dependent Date)

DTP01	Date/Time Qualifier	130	R	X
DTP02	Date Time Period Format Qualifier	130	R	X
DTP03	Date Time Period	130	R	X

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#### 2110D (Dependent Eligibility or Benefit Inquiry Information)

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#### EQ (Dependent Eligibility or Benefit Inquiry Information)

EQ01	Service Type Code	132	S	X
EQ02	Composite Medical Procedure Identifier	137	S	X
EQ02	C003-1 Product or Service ID Qualifier	137	R	X
EQ02	C003-2 Procedure Code	138	R	X
EQ02	C003-3 Procedure Modifier	138	S	X
EQ02	C003-4 Procedure Modifier	138	S	X
EQ02	C003-5 Procedure Modifier	138	S	X
EQ02	C003-6 Procedure Modifier	138	S	X
EQ03	Coverage Level Code	139	S	X
EQ04	Insurance Type Code	139	S	X

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#### III (Dependent Eligibility or Benefit Additional Inquiry Information)

III01	Code List Qualifier Code	141	R	X
III02	Industry Code	142	R	X

#### REF (Dependent Additional Information)

REF01	Reference Identification Qualifier	143	R	X
REF02	Prior Authorization or Referral Number	144	R	X

#### DTP (Dependent Eligibility/Benefit Date)

DTP01	Date Time Qualifier	145	R	X
DTP02	Date Time Period Format Qualifier	146	R	X
DTP03	Date Time Period	146	R	X

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#### NA (Transaction Set Trailer)

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#### SE (Transaction Set Trailer)

SE01	Transaction Segment Count	147	R	N
SE02	Transaction Set Control Number	147	R	N

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#### NA (Functional Group Trailer)

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#### GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N
GE02	Group Control Number	B.10	R	N

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#### NA (Interchange Control Trailer)

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#### IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
IEA02	Interchange Control Number	B.7	R	N