



HIPAA 271 Eligibility 4010X092 and 4010X092A1 Companion Document - Outbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
CONTROL	ISA	INTERCHANGE CONTROL HEADER			R	1		
	ISA01	AUTHORIZATION INFORMATION	ID	2/2	R		"00"-No authorization information is present	
	ISA02	AUTHORIZATION INFORMATION	AN	10/10	R		10 Spaces	
	ISA03	SECURITY INFORMATION QUALIFIER	ID	2/2	R		"00"-No security information is present	
	ISA04	SECURITY INFORMATION	AN	10/10	R		10 Spaces	
	ISA05	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA06	SUBMITTER ID	AN	15/15	R		"PHC100680301406"	
	ISA07	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA08	RECEIVER ID	AN	15/15	R		TP's receiver ID(Provider ID# assigned by PHC)	
	ISA09	INTERCHANGE DATE	DT	6/6	R		Interchange date in YYMMDD	
	ISA10	INTERCHANGE TIME	TM	4/4	R		Interchange time in HHMM	
	ISA11	INTERCHANGE CONTROL STANDARD IDENTIFIER	ID	1/1	R		"U"-US EDI Community of X12	
	ISA12	INTERCHANGE CONTROL VERSION NUMBER	ID	5/5	R		"00401" Draft Standard	
	ISA13	INTERCHANGE CONTROL NUMBER	N0	9/9	R		Sender assigned interchange control number which must be equivalent of control number of IEA segment.	
	ISA14	ACKNOWLEDGEMENT	ID	1/1	R		"0" - No acknowledgement requested	
	ISA15	USAGE INDICATOR	ID	1/1	R		"P"-Production data or "T"-Test data	
	ISA16	COMPONENT SUB ELEMENT SEPARATOR		1/1	R		":."	
	GS	FUNCTIONAL GROUP HEADER			R	1		
	GS01	FUNCTIONAL IDENTIFIER CODE	ID	2/2	R		"HB"- Eligibility, Coverage and Benefit Information	
	GS02	SUBMITTER ID	AN	2/15	R		"PHC100680301406"	
	GS03	RECEIVER ID	AN	2/15	R		TP's receiver ID(Provider ID# assigned by PHC)	
	GS04	CREATION DATE	DT	8/8	R		Creation date in CCYYMMDD	
	GS05	CREATION TIME	TM	4/8	R		Creation time in HHMM	
	GS06	GROUP CONTROL NUMBER	N0	1/9	R		Group control number must be equivalent to GE02.	
	GS07	RESPONSIBLE AGENCY CODE	ID	1/2	R		"X" - ASC X12 Code	
	GS08	VERSION / RELEASE INDUSTRY ID CODE	AN	1/12	R		"004010X092A1"	
HEADER	ST	TRANSACTION SET HEADER			R	1		154



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	ST01	TRANSACTION SET IDENTIFIER CODE	ID	3	R		"271"	
	ST02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to SE02	
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION			R	1		156
	BHT01	HIERARCHICAL STRUCTURE CODE	ID	4/4	R		"0022"-Information Source, Receiver and Subscriber	
	BHT02	TRANSACTION SET PURPOSE CODE	ID	2/2	R		"11"-Response	
	BHT04	DATE	DT	8/8	R		Transaction set creation date in CCYYMMDD	
	BHT05	TIME	TM	4/8	R		Transaction set creation time in HHMM	
2000A						1		
	HL	INFORMATION SOURCE LEVEL			R	1		158
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Start with "1" and increment by "1" subsequently	
	HL03	HIERARCHICAL LEVEL CODE	ID	1/2	R		"20"-Information Source	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs	
2100A						1		
	NM1	INFORMATION SOURCE NAME			R	1		163
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"PR"-Payer	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		PARTNERSHIP HEALTHPLAN OF CA	
	NM108	IDENTIFICATION CODE QUALIFIER	AN	1/2	R		"FI"-Federal Taxpayer's ID	
	NM109	IDENTIFICATION CODE	AN	2/80	R		68-0301406	
	PER	INFORMATION SOURCE CONTACT INFORMATION			S	1		168
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact	
	PER02	NAME	AN	1/60	S		PHC	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	S		"TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	S		"7078634377"	
2000B						1		



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	HL	INFORMATION RECEIVER LEVEL			R	1		175
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		HL segment sequence number(Increment by "1")	
	HL02	HIERARCHICAL PARENT ID	AN	1/12	R		Parent Id	
	HL03	HIERARCHICAL LEVEL CODE	ID	1/2	R		"21"-Information Receiver	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs	
2100B						1		
	NM1	INFORMATION RECEIVER NAME			R	1		178
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"1P"-Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Receiver last or organization name	
	NM104	NAME FIRST	AN	1/25	S		Used if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Used if NM102=1 (Person) and the middle name/initial of the person is known	
	NM108	IDENTIFICATION CODE QUALIFIER	AN	1/2	R		"FI"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		Federal Taxpayer's ID	
2000C						>1		
	HL	SUBSCRIBER LEVEL			R	1		187
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		HL segment sequence number(Increment by "1")	
	HL02	HIERARCHICAL PARENT ID	AN	1/12	R		Parent Id	
	HL03	HIERARCHICAL LEVEL CODE	ID	1/2	R		"22"-Subscriber	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"0" - This HL does not contain a child HL	
2100C	NM1	SUBSCRIBER NAME			S	1		193
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"IL"-Insured/Subscriber	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Subscriber last name	
	NM104	NAME FIRST	AN	1/25	S		Subscriber first name	
	NM105	NAME MIDDLE	AN	2/25	S		Subscriber middle name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"MI"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		Member Number	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	1		196
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"SY"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Social Security Number	
	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	1		196
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"NQ"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Medicaid Recipient Identification Number	
	N3	SUBSCRIBER ADDRESS INFORMATION			S	1		200
	N301	ADDRESS INFORMATION	AN	1/55	R		Subscriber Address Line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Subscriber Address Line2	
	N4	SUBSCRIBER CITY/STATE/ZIP			S	1		201
	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	AN	2/2	R		State	
	N403	POSTAL CODE	AN	3/15	R		Zip	
	N405	LOCATION QUALIFIER	ID	1/2	R		"CY"	
	N406	LOCATION IDENTIFIER	AN	1/30	R		County Code	
	PER	SUBSCRIBER CONTACT INFORMATION			S	1		203
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	S		"TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	S		Subscriber Telephone	
	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			S	1		210
	DMG01	DATE TIME FORMAT QUALIFIER	ID	2	R		"D8"	
	DMG02	DATE TIME PERIOD	AN	1/35(8)	R		Subscriber's Birth Date in CCYYMMDD	
	DMG03	GENDER CODE	ID	1	R		"M"- Male or "F"- Female	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	INS	SUBSCRIBER RELATIONSHIP(INSURED BENEFIT)			S	1		212
	INS01	YES/NO CONDITION(INSURED INDICATOR)	ID	1/1	R		"Y"-The insured is the subscriber	
	INS02	INDIVIDUAL RELATIONSHIP CODE	ID	2/2	R		"18"-Self(Subscriber)	
2110C	EB	SUBSCRIBER ELIGIBILITY INFORMATION			S	1		218
	EB01	ELIGIBILITY OR BENEFIT INFORMATION	ID	1/2	R		"1"-Active (Member is active as of this file creation date) or "6"-Inactive (Member is terminated during the last month)	
	EB02	COVERAGE LEVEL CODE	ID	3/3	S		"IND"-Individual	
	EB03	SERVICE TYPE CODE	ID	1/2	S		"30"-Health Benefit Coverage	
	EB04	INSURANCE TYPE CODE	ID	1/3	S		"MC"-Medicaid	
	DTP	SUBSCRIBER ELIGIBILITY/BENEFIT DATE			S	1	The benefit begin date always be sent in the file.	240
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"348"-Benefit Begin Date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	DTP	SUBSCRIBER ELIGIBILITY/BENEFIT DATE			S	1	The benefit end date will be sent if the member is terminated during the last month.	240
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"349"-Benefit End Date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	LS	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION(LOOP HEADER)				1	Beginning of the subscriber benefit related entity name loop.	249
	LS01	LOOP IDENTIFIER CODE	AN	1/6	R		"2120"	
2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME			S	1		250
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"P3"-Primary Care Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Name last or Organization name	
	NM104	NAME FIRST	AN	1/25	S		Used if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Used if NM102=1 (Person) and the middle name/initial of the person is known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"SV"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		Service Provider Number assigned by PHC.	
	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS			S	1		254
	N301	ADDRESS INFORMATION	AN	1/55	R		Subscriber benefit related entity address line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Subscriber benefit related entity address line2	
	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP			S	1		255
	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	AN	2/2	R		State	
	N403	POSTAL CODE	AN	3/15	R		Zip	
	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			S	1		257
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact	
	PER02	NAME	AN	1/60	S		Benefit related entity contact name	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	S		"TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	S		Telephone	
	LE	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION(LOOP HEADER)				1	End of the subscriber benefit related entity name loop.	264
	LE01	LOOP IDENTIFIER CODE	AN	1/6	R		"2120"	
TRAILER	SE	TRANSACTION SET TRAILER			R	1		
	SE01	NUMBER OF INCLUDED SEGMENTS	N0	1/10	R		Segment count	
	SE02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to ST02	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
CONTROL	GE	FUNCTIONAL GROUP TRAILER			R	1		
	GE01	NUMBER OF TRANSACTION SETs	ID	2/2	R		Number of ST segments	
	GE02	GROUP CONTROL NUMBER	AN	2/15	R		Group control number must be equivalent to GS06.	
	IEA	INTERCHANGE CONTROL TRAILER			R	1		
	IEA01	NUMBER OF FUNCTIONAL GROUPS	N0	1/5	R		Number of GS segments	
	IEA02	INTERCHANGE CONTROL NUMBER	N0	9	R		Interchange control number must be equivalent to ISA13.	