West Virginia | Mountain Health Trust

270/271

270/271 Healthcare Eligibility Benefit Inquiry and Response Real-Time

This companion document is for informational purposes only to describe 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 ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – Healthcare Eligibility Benefit Inquiry and Response: Basic Instructions

Section 2 – Healthcare Eligibility Benefit Inquiry and Response: Enveloping

Section 3 – Healthcare Eligibility Benefit Inquiry and Response: Charts for Situational Rules

<u>Get Started With Availity*</u>

Also, the <u>Availity Quick Start Guide</u> will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

<u>Need Assistance?</u>
For questions about signing up, contact Availity Client Services 800-AVAILITY (800-282-4548) or visit <u>www.availity.com</u>

Section 1 - Basic Instructions

1. **Council for Affordable Quality Health Care (CAQH)**

   CAQH is a non-profit 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 CORE Phase 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.

   Business Purpose

2. The purpose of generating a 270 Inquiry is to allow providers to determine if, and what, benefits and coverage a Wellpoint. 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.

   - 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)
   - Patient's Last Name: Loop 2100D or Loop 2100C, NM103
   - Patient's Date of Birth: DMG02
   - Subscriber ID Number exactly as it appears on the Wellpoint ID card including alphanumeric prefix, if applicable: NM109
   - Dates of Eligibility requested by Provider: DTP03

   When the criteria are not met, the AAA segments of the 271 Response will indicate the reason for why the 270 Inquiry has been rejected.

3. **Delimiters**

   Wellpoint only accepts the following delimiters as defined by the ANSI standards of the basic character set:

   - Data Element Separator, Asterisk (*)
   - Repetition Separator (ISA11), Caret (^)
   - Sub-Element 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 Wellpoint and trading partner.

4. **Uppercase Letters**

   Wellpoint requests that all data be entered in UPPERCASE letters only.

5.   Communication Protocol Specifications

If you want to submit real-time transactions through Availity's Simple Object Access Protocol (SOAP) Web service, contact Availity Client Services to request a setup at 1-800-282-4548.

6.   System Hours of Availability

As a CORE-certified health plan, Wellpoint follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime/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)

7.   Acknowledgements and/or Reports

Submitting a 270 transaction, you will receive the following responses:

- Functional acknowledgement reports that includes TA1 (X12) & TA1 (864) when the ISA-IEA envelope cannot be processed and/or 999 when submitted 270 does not pass Level 2 HIPAA validation.
- 271 is returned in all other cases to indicate the member status.

8.   Receiver ID

Trading partners submit the receiver ID values (ISA08 and GS03) associated to the Availity companion guide.

Receiver ID		
Real-Time		
State	ISA08	GS03
Wellpoint	030240928 (+ 6 spaces)	030240928

9. Individual Service Types Supported

Wellpoint 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
18	Durable Medical Equipment Rental	18	Durable Medical Equipment Rental	Rental of medically necessary equipment and supplies prescribed by a physician or other healthcare 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 healthcare 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	
		AL	Vision/Optometry	
		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	Healthcare services prescribed by a physician and rendered in the home by a qualified healthcare provider. Common healthcare 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.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
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 which 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 which 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 (Invitro 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 healthcare 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 which 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 healthcare provider.
		5	Diagnostic Lab	
		62	MRI/CAT Scan	
		73	Diagnostic Medical	

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
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 healthcare providers for the administration of preventative vaccines.
81	Routine Physical	81	Routine Physical	Routine medical exams provided by physicians, hospitals, and other healthcare 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 healthcare providers for the treatment of a sudden and unexpected medical condition or injury which 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 healthcare 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 healthcare 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 healthcare 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.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
99	Professional (Physician) Visit - Inpatient	99	Professional (Physician) Visit - Inpatient	Professional services of a physician or other healthcare provider during an inpatient hospital admission.
A0	Professional (Physician) Visit - Outpatient	A0	Professional (Physician) Visit - Outpatient	Professional services of a physician or other healthcare 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 healthcare provider performed in the patient's home.
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 healthcare 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 healthcare provider.
BU	Obstetrical	BU	Obstetrical	Medical care related to care of women during pregnancy, parturition, and puerperium provided by a physician or other healthcare 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 healthcare providers.
		BT	Gynecological	
		BU	Obstetrical	
BY	Physician Visit - Office: Sick	BY	Physician Visit - Office: Sick	Professional services of a physician or other healthcare 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 healthcare provider during a routine or preventative 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.

		CH	MH Provider Facility - Outpatient	
UC	Urgent Care	UC	Urgent Care	Medical services and supplies provided by physicians or other healthcare providers for the treatment of an urgent medical condition or injury which requires medical attention.

Section 2 - Enveloping

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

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

Wellpoint has designated Availity to operate and serve as Wellpoint's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to Wellpoint.

For more information on submitting claims and the required ISA and GS envelope values, review the following topics in the [Availity EDI Guide](#).

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Section 3 – Charts for Situational Rules

Listed below are loops, segments, and data elements required for processing by Wellpoint per 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 Wellpoint
	ST Transaction Set Header	ST03 Implementation Convention Reference	*005010X279A1*	005010279A1 – Healthcare Eligibility, Coverage or Benefit
	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)*	Wellpoint
		NM108 ID Code Qualifier	*PI*	PI - Payor Identification
		NM109 Identification Code	*80314*	Represents Wellpoint
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 Reference Identification	*(Trace Number)*	The values in TRN segment are not required.
		TRN03 Originating Company Identifier	*(Trace Assigning Entity)*	

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
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270 Health Care Eligibility Benefit Inquiry

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
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 Wellpoint 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 Wellpoint ID card, **including any alpha prefix, which is required when present.** Populated for finding match for subscriber.
	REF Subscriber Additional Identification	REF01 Reference 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.		

270 Health Care Eligibility Benefit Inquiry

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry (cont'd)				
	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 Reference 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 Wellpoint ID card. Populated for finding match for dependent.
		NM104 Name First	*(Dependent First Name)*	
	REF Dependent Additional Identification	REF01 Reference 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.	

270 Health Care Eligibility Benefit Inquiry				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
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*		

![Wellpoint logo] 270/271 Eligibility, Coverage or Benefit (Real-Time) Companion Document

271 Health Care Eligibility Benefit Response

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
	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 - Payor Identification
		NM109 Identification Code	*80314*	Represents Wellpoint
	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*

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
Loop ID 2110C—Subscriber Eligibility or Benefit Information (cont'd)				
	HSD	*Health Care Services Delivery - Refer to TR3*		
	REF	*Subscriber Additional Identification - Refer to TR3*		
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

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Wellpoint
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		