



Claim Integrity and Connectivity

**Health Care Eligibility Benefit
Inquiry and Response (270/271)**

Companion Guide

**Refers to the Technical Report Type 3
Based on X12 Version 005010X279A1**

Companion Guide Version Number: 1.35

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PREFACE

This Companion Guide is intended to serve as a Companion Guide to the ASC X12N 005010X279A1 TR3, adopted under HIPAA, which clarifies and specifies data content when exchanging electronically with Ingenix Claims Integrity and Connectivity (CIC). Transmissions based on this companion guide, used in tandem with the 005010X279A1 TR3, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N 005010X279A1 TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

EDITOR'S NOTE

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1. INTRODUCTION

This section describes how the ASC X12N 005010X279A1 TR3 adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that a payer has something additional, over and above, the information in the TR3. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CIC

Scope

CIC is publishing this Electronic Data Interchange (EDI) 270/271 Eligibility Benefit Inquiry and Response Companion Guide to accompany the Health Care Eligibility Benefit Inquiry and Response TR3 for the ASC X12N 005010X279A1.

The TR3 provides general information about EDI transmission, such as delimiters, enveloping and related topics. This CIC Companion Guide will not duplicate these efforts.

HIPAA TR3's available through Washington Publishing, Inc. at:

<http://www.wpc-edi.com>

Providers, billing services and clearinghouses are advised to use the ASC X12N 005010X279A1 TR3 as a basis for their submission of Eligibility and Benefit inquiries. This Companion Guide should be used to clarify the business rules for 270/271 data content requirements, connectivity, response time and system availability.

Overview

The purpose of this document is to introduce and provide information about the CIC solution for submitting real time 270/271 transactions.

What is CAQH?

CAQH stands for The Council for Affordable and Quality Healthcare. It is a not-for-profit alliance of health plans, provider networks and associations with a goal to provide a variety of solutions to simplify health care administration.

What is CORE?

The Committee on Operating Rules for Information Exchange (CORE) is a multi-stakeholder initiative created, organized and facilitated by CAQH. CORE's Phase I goal is to create, disseminate and maintain operating rules that enable health care providers to quickly and securely obtain reliable health care eligibility and benefit information. Phase II is to provide the same functionality for claim status information. CORE operating rules will decrease the amount of time and resources providers spend verifying Patient eligibility or claim status and other administrative information at the point of care. CORE operating rules, envisioned to be introduced in multiple phases, have support from health plans, medical professional societies, providers, vendors, associations, regional entities, standard setting organizations, government agencies and other health care constituencies.

What is CAQH/CORE certification?

Any entity that creates, transmits, or uses eligibility or claim status data is eligible to become CORE certified. CORE certification indicates an entity has signed the CORE pledge and successfully completed certification testing, both of which are designed to demonstrate an entity's compliance with the entire CORE Phase I and Phase II rules. Any entity that agrees to follow the CORE operating rules will be expected to exchange eligibility and benefits or claim status information per the requirements of the CORE Phase I and Phase II rules and policies, with all its trading partners. Given the requirements of the CORE Phase I and Phase II rules, use of these rules by the industry will enhance the usability and content of the eligibility and claim status transactions as well as decrease administrative costs and resources:

<http://www.caqh.org>

References

HIPAA ASC X12N 005010X279A1 TR3 for Healthcare Eligibility Benefit Inquiry and Response:

<http://www.wpc-edi.com/hipaa>

Additional Information

System Maintenance Schedule

Thursday: 9:00 PM MT – 11:30 PM MT

Sunday: 9:00 AM MT – 12:00 PM MT

Holidays

Real-Time system processing is still available through CIC on the following holidays, but the Service and Support organization will be closed or not available. If New Year's Day, Independence Day, or Christmas Day falls on a weekend day, contact Service and Support for the exact day that CIC will be closed:

New Year's Day

Martin Luther King, Jr. Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Day after Thanksgiving Day

Christmas Day

2. GETTING STARTED

Transmission Administrative Procedures

Real time requests must include a single inquiry or submission (e.g. one eligibility inquiry to one information source for one patient). In this model the response from the message receiver is either an error response or the corresponding X12 message response (e.g. a TA1, 997,999 or 271 if the request was a 270).

Re-Transmission Procedure

A duplicate transaction may be sent by the provider if the HTTP post reply message is not received within the 60 second response period.

3. TESTING WITH CIC

CIC has adopted the *Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Testing Sub-Workgroups* recommendations on the types of testing that needs to occur in order to remain in line with the health care industry's testing recommendations. CIC has selected Claredi for HIPAA transaction validation, compliance and testing. Initially, the types of testing that CIC recommends for the 270 transaction set includes:

Type 1

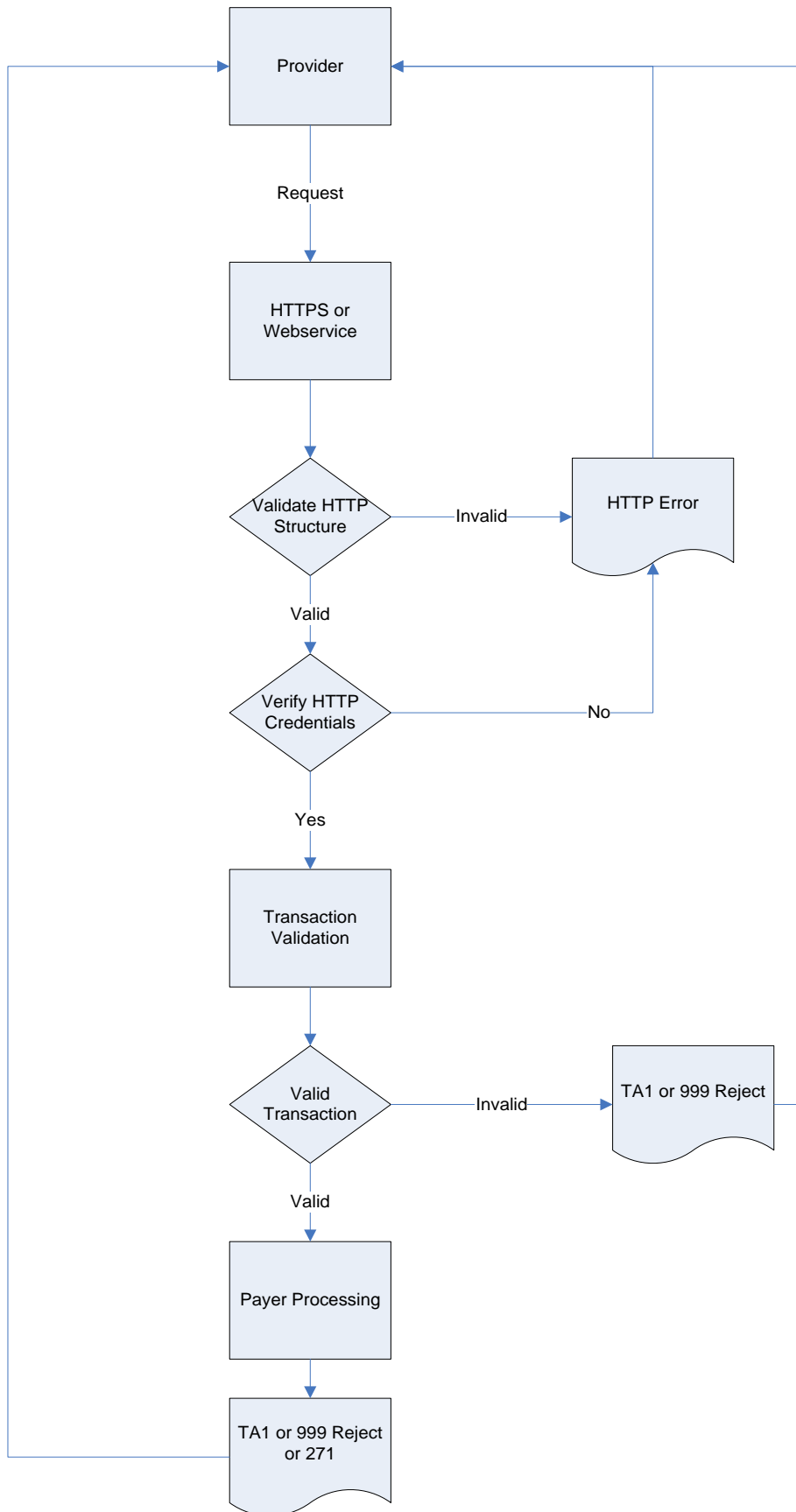
EDI syntax integrity testing – Testing the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax and compliance with X12 and NCPDP rules. This will validate the basic syntactical integrity of the EDI submission.

Type 2

HIPAA syntactical requirement testing – Testing for HIPAA TR3 specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type is testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the TR3 and values and codes noted in the TR3 via X12 code lists or tables.

4. CONNECTIVITY WITH THE PAYER

Communications Process Flow



5. CONTACT INFORMATION

Customer Service

For Questions About	Contact	Telephone Number Fax Number E-Mail Address Hours of Operation
Connectivity, Reporting, Acknowledgements or any additional questions or assistance	Gateway Center (MGD Vendors Only) or Service & Support Center	<u>MGD Vendors:</u> Phone: 877-309-4256 Email: gatewaycenter@enshealth.com <u>All others:</u> Phone: 866-367-9778 or direct 719-457-8383 Email: tsupport@enshealth.com <u>Hours of Operation:</u> Monday through Friday (excluding holidays) 7:00 AM to 12:00 PM and 1:00 PM to 5:00 PM MST

6. CONTROL SEGMENTS

ISA-IEA

The ISA segment terminator, which immediately follows the component element separator, must consist of only one character code. This same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

Transactions **must** contain a single ISA-IEA per real time transaction.

Page #	Loop ID	Reference	Name	Codes	Length
C4	ISA	ISA06	Interchange Sender ID	<Sender ID>	15
C5	ISA	ISA08	Interchange Receiver ID	841162764	15

GS-GE

Page #	Loop ID	Reference	Name	Codes	Length
C4	GS	GS02	Application Sender's Code	<Sender ID>	
C5	GS	GS03	Application Receiver's Code	841162764	

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Search Options

The 270 transactions have the flexibility for allowing a variety of patient information. In the tables below, you will find that multiple Search Options are defined. The data elements are then listed in conjunction with the Loops and Segments that are required. Payer edits for specific fields are also documented, i.e. fields that require numeric or alphanumeric elements.

Data element usage can be found in the Segment fields in the tables below. **Required** - means that the data element is required by the Payer for every request. **Optional / Situational** - is based on the Payer's search preferences in order to further assist in the member inquiry. Please keep in mind the more information that can be provided, the more likely the information source will find a match in their system.

Patients may be identified in either Loop 2100C or 2100D. If the Patient has a unique ID number then that person should be considered the Subscriber. Only Loop 2100C should be sent for identification purposes.

If the Payer does not assign a unique identifier then the Subscriber and Dependents must be identified in Loops 2100C and 2100D.

Data Usage

There are two levels in which the 270 transactions are divided:

The Header Level contains the transactions structure information; i.e. ISA and GS Segments.

The Detail Level contains specific insurer, insured, dependent and requestor information. There are four different ways in which the Segments are utilized. Each HL is assigned a number identifying its purpose.

Loop 2000A – Information Source – Contains Payer Information.

CIC Payer ID should be used to properly route requests to the Payer. For the current Payer's list, go to www.enshealth.com and click on Payer Lists | Real-Time Eligibility Payer List.

Loop 2000B – Information Receiver – Contains Medical Service Provider Information

This is where the Submitters will identify themselves to the Payer by using either their assigned National Provider Identifier, Payer assigned Provider Identifier or Federal Tax ID Number.

Loop 2000C – Insured / Subscriber Information

This loop is used to identify the Insured Member/Subscriber data elements. Only loop 2100C must be sent for identification if the Patient has a unique identifier.

Loop 2000D – Dependent Information

This loop is used to identify Dependent data elements. If the Payer does not assign a unique identifier then the Subscriber and Dependents must be identified in loops 2100C and 2100D.

8. ACKNOWLEDGEMENTS AND OR REPORTS

Real-Time

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

- A TA1 transaction will be returned when the ISA-IEA envelope in your submitted 270 transaction cannot be processed.
- A 999 transaction can be returned when it's determined that the submitted 270 transaction does not pass Level 2 HIPAA validation.
- A 271 response transaction is returned in all other cases. This will indicate the member's coverage or contain a AAA error segment.
- **Disclaimer:** Information provided in a 271 is not a guarantee of payment or coverage in any specific amount. Actual benefits depend on various factors, including compliance with applicable administrative protocols; date(s) of services rendered and benefit plan terms and conditions.

File Specifications

- TA1 - The TA1 will contain an ISA segment as a header and will contain 1 or more TA1 Segments as described in HIPAA TR3 and have an IEA Segment as a trailer.
- 999 - The 999 will contain an ISA segment header and IEA trailer and then contain Segments as described in the TR3.

9. TRADING PARTNER AGREEMENTS

- Trading Partner or contractual Agreements specify the terms and conditions by which transactions are exchanged electronically with CIC. This Companion Guide may be an addendum to a new or existing Trading Partner or Contractual Agreement.
- It is required in the CORE mandate that each transaction be limited to 1 request per file and CIC agrees with this limitation. Batch requests are not supported by CIC at this time.
- While CIC supports all of the characters in the extended character set, it is recommended that incoming

270 data uses the basic character set as defined in Appendix A of the TR3.

- The Subscriber Hierarchical Level (HL Segment) must be in order from one, in increments of one (+1) and must be numeric.
- Only multiple data loops or segments should be populated with the first occurrence and each loop or segment populated consecutively thereafter. There should be no Loops or Segments without data.
- Delimiters must be consistently applied throughout the transmissions. Any delimiter can be used as long as the same one is used throughout the transmission. Printable characters are preferred. Delimiters that are chosen should not be contained within the data.

10. ADDITIONAL INFORMATION

State of Minnesota Requirements:

If you are a submitter that will be trading EDI transactions via OPTUM to the State of Minnesota, please see the information below and follow the link for the requirements to comply with the State of Minnesota:

“The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guide (MUCG) at: <http://www.health.state.mn.us/auc/guides.htm> Readers are referred to the MUCG for information and instructions to comply with Minnesota’s requirements.”

11. PAYER SPECIFIC INFORMATION

These tables include data elements requiring specific information for payer processing as well as notes pertaining to how payers process the values submitted in certain data elements.

AARP

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	36273	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5 - Subscriber Member ID AARP has unique ID numbers therefore only the 2100C subscriber loop will be used
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C/D EQ01 will return only the service type codes supported by AARP. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes

Service Type Codes Supported	1, 33, 47, 86, 88, 98, AL, MH, UC
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Advantage by Bridgeway Health Solutions

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber Id	Sub Member ID		
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CBRIA	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP02	Date Time Period Format Qualifier	RD8	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported (Required)	1, 30, 33, 35, 86, 88, 98, AL, MH, UC

Aetna

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber HMO	Sub Member ID (HMO)				
2	Subscriber	Sub Member ID	Sub DOB			
3	Subscriber	Sub Member ID (SSN)	Sub DOB			
4	Subscriber	Sub Member ID (Employee ID)	Sub DOB			
5	Subscriber	Sub SSN	Sub DOB			
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB		
7	Dependent	Sub Member ID	Dep DOB			
8	Dependent	Sub Member ID (SSN)	Dep DOB			
9	Dependent	Sub Member ID (Employee ID)	Dep DOB			
10	Dependent	Sub SSN	Dep DOB			
11	Dependent	Sub Last Name	Sub First Name	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	60054	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	Required by Aetna
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#6,11 - Subscriber Last Name
2100C	NM104	Name First		#6,11 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	Recommended for use with all Aetna member identifiers, including 8-byte alpha-numeric IDs, W-IDs, Badge IDs and other Employee Identifiers
2100C	NM109	Identification Code		<ul style="list-style-type: none"> #1 - HMO Member ID contains 8 digits total with at least one alpha character #2 - Non-HMO Member ID contains a leading 'W' #3 - Employee Number #4 - Social Security Number
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#5 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3,4,5,6 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date No future dates allowed
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		Aetna will consider the first 10 Service Type Codes submitted in the EQ01 repeating data element. Any subsequent repetitions of Service Type Code will not be considered for processing.
2110C	EQ02	Composite Medical Procedure Identifier		This data element will only be used by Aetna for processing of eligibility requests by ADA code. Other types of codes submitted will not be considered for processing or returned in the 271 response.
2110C	EQ02-1	Product/Service ID Qualifier	CJ, HC, ID, IV, N4, ZZ	Code values listed here are defined in HIPAA TR3 for this data element, but will NOT BE CONSIDERED for processing by Aetna.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#11 - Dependent Last Name
2100D	NM104	Name First		#11 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,11 - Dependent Birth Date

2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date No future dates allowed
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		Aetna will consider the first 10 Service Type Codes submitted in the EQ01 repeating data element. Any subsequent repetitions of Service Type Code will not be considered for processing.
2100D	EQ02	Composite Medical Procedure Identifier		This data element will only be used by Aetna for processing of eligibility requests by ADA code. Other types of codes submitted will not be considered for processing or returned in the 271 response.
2110D	EQ02-1	Product/Service ID Qualifier	CJ, HC, ID, IV, N4, ZZ	Code values listed here are defined in HIPAA TR3 for this data element, but will NOT BE CONSIDERED for processing by Aetna.

Service Type Code	Description	Only Covered Service Type Codes Will Be Returned
30	Health Benefit Plan Coverage	1 – Medical Care
		33 – Chiropractic
		35 – Dental Care
		47 – Hospital
		86 – Emergency Services
		88 – Pharmacy
		98 – Professional (Physician) Visit - Office
		AL – Vision (Optometry)
		MH – Mental Health
		UC – Urgent Care
35	Dental Care	23 – Diagnostic Dental
		24 – Periodontics
		25 – Restorative
		26 – Endodontics
		27 – Maxillofacial Prosthetics
		28 – Adjunctive Dental Services
		37 – Dental Accident
		38 – Orthodontics
		39 – Prosthodontics
		40 – Oral Surgery
		41 – Routine (Preventive) Dental
47	Hospital	48 – Hospital – Inpatient
		49 – Hospital – Room and Board
		50 – Hospital – Outpatient
		51 – Hospital – Emergency Accident
		52 – Hospital – Emergency Medical
		53 – Hospital – Ambulatory Surgical
Service Type Codes Supported		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, A0, A1, A2, A3, A4, A5, A6, A7, A8, A9, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AQ, AR, B1, B2, B3, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, C1, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, DG, DM, DS, GF, GN, GY, IC, MH, NI, ON, PT, PU, RN, RT, TC, TN, UC

Affinity Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
4	Subscriber	Sub (SSN)	Sub DOB		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AFNTY	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	30
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Alabama Blue Cross (Institutional)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ALBLC	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported | 30

Alabama Blue Shield (Professional)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ALBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported | 30

Alabama Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB
3	Subscriber	Sub SSN	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ALMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100B	REF	Information Receiver Additional Identification		
	REF01	Reference Identification Qualifier	1D	1D - Medicaid Provider Number <ul style="list-style-type: none"> When a provider's NPI is enrolled with more than one location, send the Medicaid Provider Number
	REF02	Reference Identification		<ul style="list-style-type: none"> Send the Medicaid Provider ID number. Alabama Medicaid Provider IDs may be six or nine characters in length. Send only the number of characters assigned by Alabama Medicaid (i.e. Do not add preceding or trailing zeros to a six-digit provider ID.)
2100B	N4	Information Receiver City, State, Zip Code		
	N403	Postal Code		<ul style="list-style-type: none"> For a provider with multiple locations submit the Zip + 4.
2100B	PRV	Information Receiver Provider Information		
	PRV02	Reference Identification Qualifier	PXC	PXC - Health Care Provider Taxonomy Code <ul style="list-style-type: none"> For a provider with multiple locations, submit taxonomy information.
	PRV03	Reference Identification		Provider's Taxonomy Code
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#2 - Subscriber Last Name
2100C	NM104	First Name		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	Subscriber Service Date
2100C	DTP02	Date/Time Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> To receive current and previous year's data a user must enter request dates that occur in the current year and previous year to get both current and previous years data on a 271 Response. Alabama Medicaid does not permit request for future eligibility. Range – Yes, up to 12 months

Service Type Codes

Service Type Codes Supported | 30

American Medical Security (AMS)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub First Name	Sub DOB	
4	Subscriber	Sub Member ID	Sub DOB		
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
8	Dependent	Sub Member ID	Dep First Name	Dep DOB	
9	Dependent	Sub Member ID	Dep DOB		
10	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	81400	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		TIN or National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6,7,8,9,10 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#6,7,10 - Dependent Last Name
2100D	NM104	Name First		#6,8,10- Dependent First Name
2100C	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#5,7,8,9 - Dependent Birth Date

Service Type Code

Service Type Codes Supported	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC
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American Postal Workers Union Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber Id	Sub Member ID	Sub Last Name	Sub First Name
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB
3	Dependent Id	Sub Member ID	Dep Last Name	Dep First Name
4	Dependent Name	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AMPWS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1,2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,3 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3,4 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code

Service Type Codes Supported	30
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AmeriChoice - Community and State

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

AmeriChoice will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	86047	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

Amerigroup

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub DOB		
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	28806	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3,4 - Subscriber Last Name
2100C	NM104	Name First		#2,3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,3,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 1 year in the past. • No future dates.

Service Type Code

Service Type Codes Supported | 30

DISCLAIMER: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

NOTE: All trading partners must display the disclaimer on their software exactly as shown.

AmeriHealth Mercy Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
4	Subscriber	Sub (SSN)			

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AHMHP	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ No restrictions on past dates. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	30
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Arizona Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub DOB	Sub Last Name	Sub First Name
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AZBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	Required by MedData
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 – Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 14 days prior to current date Future dates allowed
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 14 days prior to current date Future dates allowed
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code	30	

Service Type Codes

Service Type Codes Supported	30
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Arizona Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub SSN			
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender
4	Subscriber	Sub Member ID	Sub Card Serial Number		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AZMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,4 – Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY, GH	
2100C	REF02	Reference Identification		#2 - SSN, Card Serial Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3 - Subscriber Birth Date
2100C	DMG03	Gender Code		#3 - Gender Code
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – 1 year prior to current date Future – 30 days from current date Range – Yes, within 1 year

Service Type Codes

Service Type Codes Supported	30
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Arizona Physicians IPA - Community and State

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

APIPA will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	03432	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

Arkansas Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ARBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Date Ranges are not allowed.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Date Ranges are not allowed.

Service Type Code

Service Type Codes Supported 30

Special Instructions

Provider Enrollment Required

This payer requires Provider enrollment. Go to www.enshealth.com select Download Center, select EMC Agreements, enter your Optum User Id, Select State – Arkansas, and the Arkansas BCBS Agreement. Please note this can take 2 weeks to complete.

Arkansas Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub DOB		
2	Subscriber	Sub Member ID	Sub First Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Subscriber	Sub Member ID	Sub DOB	Sub Last Name	Sub First Name
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ARMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4,5 - Subscriber Last Name
2100C	NM104	Name First		#2,3,4,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4- Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,4,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date No future dates allowed Date Ranges Allowed within 1 year
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	

Service Type Codes

Service Type Codes Supported	30
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Assurant Health Plans

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
Payer Name					Payer ID
NOTE: ASSURANT HEALTH PLANS INCLUDES THE FOLLOWING PAYERS.					
Assurant Health-John Alden Life					41099
Assurant Health-Union Security Insurance					AHUSY

Loop ID	Reference	Name	Codes	Notes / Comments
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name • Assurant will only accept and process upper case letters
2100C	NM104	Name First		#1 - Subscriber First Name • Assurant will only accept and process upper case letters
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name • Assurant will only accept and process upper case letters
2100D	NM104	Name First		#2 - Dependent First Name • Assurant will only accept and process upper case letters
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported | 30

DISCLAIMER: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

NOTE: All trading partners must display the disclaimer on their software exactly as shown.

Best Life and Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	BSTLH	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI	
2100B	NM109	Identification Code		Provider TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date • Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date • Future dates are not supported

Service Type Code	
Service Type Codes Supported	30

Better Health Plan (Unison Health Plan)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

Better Health Plan will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	25175	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

Boston Medical Center Health Plan

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	
2	Subscriber	Sub Last Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	BMCHN	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Bravo Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber Id	Sub Member ID			
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB	Sub Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	BRAVO	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DMG03	Gender		#2 - Subscriber Gender
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Bridgeway Arizona

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber Id	Sub Member ID		
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CBRID	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

California Anthem Blue Cross (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00540	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID ▪ The first three characters must be alpha followed by 1-14 alphanumerics, or the first character must be 'R' followed by 8 numerics.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 - Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 - Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Code	Description	Only Covered Service Type Codes Will Be Returned
30	Health Benefit Plan Coverage	1 – Medical Care
		33 – Chiropractic
		35 – Dental Care
		47 – Hospital
		48 – Hospital - Inpatient
		50 – Hospital - Outpatient
		52 – Hospital – Emergency Medical
		86 – Emergency Services
		88 – Pharmacy
		98 – Office Visit
		A7 – Psychiatric - Inpatient
		A8 – Psychiatric - Outpatient
		AL – Vision (Optometry)

		MH – Mental Health
		UC – Urgent Care
Anthem supports the use of individual inquiries. Using any of these service types instead of EQ01 '30' will result in a more streamlined 271 response.		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 60, 61, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 83, 84, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC

California Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported

Service Type Code

Service Type Codes Supported | 30

California Medicaid (Medi-Cal)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Date of Birth	Sub Card Issue Date
2	Subscriber	Sub (SSN)	Sub Date of Birth	Sub Card Issue Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100B	REF	Information Receiver Additional Identification		
2100B	REF01	Reference Identification Qualifier	4A	
2100B	REF02	Reference Identification		<p>Provider PIN</p> <p>The 7 digit Provider PIN must be included on all eligibility queries. You may validate your NPI/PIN combination by entering them as User ID and password respectively, at: https://www.medi-cal.ca.gov/Eligibility/Login.asp. If you do not have a PIN you will need to register with Medi-Cal directly.</p>
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	102	
2100C	DTP03	Date Time Period		#1,2 – Subscriber Card Issue Date

Service Type Codes

Service Type Codes Supported	30
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Capital Blue Cross of Pennsylvania

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	100952	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Caresource of Ohio

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	31114	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 1 year prior to current date. • No future date.

Service Type Code	
Service Type Codes Supported	30

Celticare

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CELT	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

CHAMPVA

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	84146	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	6P	
2100C	REF02	Reference Identification		Subscriber Group Number (OPTIONAL)
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		

Service Type Codes	
Service Type Codes Supported	30

CIGNA

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber		Sub Last Name	Sub First Name	Sub DOB
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
7	Dependent	Sub Member ID	Dep Last Name		Dep DOB
8	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
9	Dependent	Sub Member ID			Dep DOB
10	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	62308	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI, SV, 34	
2100B	NM109	Identification Code		National Provider Identifier (NPI), TIN, Service Provider Number or Provider SSN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3,5 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,6,7,8,9 - Subscriber ID • Cigna will accept the Unique Member Identifier or Social Security Number.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,4,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	102, 291	<ul style="list-style-type: none"> • If issue date (qualifier 102) is received then the 270 request date will be used. • If plan date (qualifier 291) is received then the submitted date will be used.
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Expression of date or date range. • A range of dates is acceptable, but Cigna only recognizes the first date in range. • If no date provided, use current date.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#6,7,8,10 - Dependent Last Name
2100D	NM104	Name First		#6,8,10 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#6,7,9,10 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	102, 291	<ul style="list-style-type: none"> • If issue date (qualifier 102) is received then the 270 request date will be used. • If plan date (qualifier 291) is received then the submitted date will be used.
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Expression of date or date range. • A range of dates is acceptable, but Cigna only recognizes the first date in range. • If no date provided, use current date.

Service Type Codes

Service Type Codes Supported	<u>Medical Services:</u> 1, 2, 3, 4, 6, 7, 8, 10, 12, 17, 19, 20, 30, 33, 42, 45, 46, 47, 48, 50, 51, 52, 56, 59, 61, 62, 64, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 78, 79, 80, 81, 82, 83, 84, 86, 88, 90, 91, 92, 93, 96, 97, 98, 99, A0, A3, A9, AC, AD, AF, AG, AL, AM, AN, AO, AR, BD, BF, BG, BH, BK, BL, BN, BQ, BR, UC
	<u>Dental Services:</u> 23, 24, 25, 26, 28, 35, 36, 38, 39, 40, 41
	<u>Behavioral Services:</u> 5, 9, 22, 49, 59, 99, A2, A4, A5, A6, A7, A8, AA, AI, AJ, AK, BB, BC, CC, MH

CIP (Care Improvement Plus)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	77082	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,60,62,65, 68,69,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL, BG,BH,BT,BU, BW,BX,BY,BZ,DM,GF,GN,MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Colorado Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	COBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Code	Description	Only Covered Service Type Codes Will Be Returned
30	Health Benefit Plan Coverage	1 – Medical Care
		33 – Chiropractic
		35 – Dental Care
		47 – Hospital
		48 – Hospital - Inpatient
		50 – Hospital - Outpatient
		52 – Hospital – Emergency Medical
		86 – Emergency Services
		88 – Pharmacy
		98 – Office Visit
		A7 – Psychiatric - Inpatient
		A8 – Psychiatric - Outpatient
		AL – Vision (Optometry)
		MH – Mental Health
		UC – Urgent Care

Anthem supports the use of individual inquiries. Using any of these service types instead of EQ01 '30' will result in a more streamlined 271 response.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 60, 61, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 83, 84, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC

Colorado Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB
3	Subscriber	Sub SSN	Sub Last Name	Sub First Name
4	Subscriber	Sub SSN	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	COMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 – Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future - no future dates allowed Range – Yes, up to 12 months

Service Type Codes

Service Type Codes Supported	30
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ConnectiCare

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	06105	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		National Provider Identifier, Provider ID or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date

Service Type Codes

Service Type Codes Supported	30
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Connecticut Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CTBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 - Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Connecticut Medicaid

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	Sub SSN
2	Subscriber	Sub Member ID	Sub DOB
3	Subscriber	Sub Member ID	Sub Card Issue Date
4	Subscriber	Sub SSN	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CTMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#1,4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		#3 - Subscriber Card Issue Date, DTP01=102
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date No future dates allowed

Service Type Codes

Service Type Codes Supported	30
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Cooperative Benefit Administrators

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber Id	Sub Member ID	Sub Last Name	Sub First Name
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB
3	Dependent Id	Sub Member ID	Dep Last Name	Dep First Name
4	Dependent Name	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CBENA	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1,2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,3 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3,4 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code

Service Type Codes Supported	30
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Coresource - MD, PA, IL, NC, IN

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CRSC1	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1- Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date

Service Type Codes	
Service Type Codes Supported	30

Coventry Health Care

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Medicaid ID		
3	Subscriber	Sub Group Number	Sub Last Name	Sub First Name
4	Subscriber	Sub SSN	Sub DOB	
Payer Name				Payer ID
COVENTRY HEALTH CARE HEALTH AMERICA/ HEALTH ASSURANCE OF PENNSYLVANIA (HAPA)				00148
COVENTRY HEALTH CARE OF GEORGIA				25127
COVENTRY HEALTH CARE SOUTHERN HEALTH SERVICES				25128
COVENTRY HEALTH CARE OF LOUISIANA				25135
COVENTRY HEALTH CARE CARELINK				00160
WELLPATH / COVENTRY HEALTH CARE OF THE CAROLINAS				25129
COVENTRY HEALTH CARE OF DELAWARE				25130
COVENTRY HEALTH CARE OF IOWA				25132
COVENTRY HEALTH CARE OF KANSAS (Kansas City and Wichita)				25133
COVENTRY HEALTH CARE OF NEBRASKA				25136
DIAMOND PLAN (MD MEDICAID)				00177
PERSONALCARE/COVENTRY HEALTH OF ILLINOIS				00179
COVENTRY HEALTH CARE CARELINK MEDICAID				00182
COVENTRY HEALTH CARE GROUP HEALTH PLAN (GHP)				00184
COVENTRY HEALTH CARE USA (HCUSA)				00186
COVENTRY HEALTH CARE CARENET				00190
(FIRST HEALTH) COVENTRY HEALTH CARE NATIONAL NETWORK				87043
(FIRST HEALTH) MAIL HANDLERS BENEFIT PLAN				00251
ALTIUS HEALTH PLANS				00364
OMNICARE HEALTH PLAN				00413
COVENTRY HEALTH CARE OF TEXAS (includes Coventry Advantra Freedom)				00453

Loop ID	Reference	Name	Codes	Notes / Comments
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		Federal Taxpayer's Identification Number National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	NQ, 6P, SY	
2100C	REF02	Identification Code		#2 - Subscriber Medicaid Recipient ID #3 - Subscriber Group Number #4 - Subscriber Social Security Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		

2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 18 months in the past • Up to 3 months in the future

Service Type Codes	
Service Type Codes Supported	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC

Delaware Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	DEBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date ▪ Current date only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date ▪ Current date only

Service Type Code	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,A0,A1,A2,A3,A4,A5,A6,A7,A8,A9,AA,AB,AC,AD,AE,AF,AG,AH,AI,AJ,AK,AL,AM,AN,AO,AQ,AR,BA,BB,BC,BD,BE,BF,BG,BH,BI,BJ,BK,BL,BM,BN,BP,BQ,BR,BS

Delaware Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID			
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	DEMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		Provider NPI
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Subscriber Date <ul style="list-style-type: none"> ▪ Past/Historical dates allowed up to 1 year ▪ Future dates are not supported.

Service Type Codes	
Service Type Codes Supported	30

Deseret Mutual (DMBA)

#	Search Option	Field 1 Search	Field 2 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	DMBAU	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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Emblem Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	EMBLM	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1- Subscriber Date <ul style="list-style-type: none"> ▪ Past dates up to 27 months ▪ Future dates up to 6 months

Service Type Codes

Service Type Codes Supported	30
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Excellus Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ECLLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Up to 30 days after current date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Up to 30 days after current date

Service Type Code

Service Type Codes Supported | 30

Fallon Community Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	FALLN	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Federated Mutual Insurance Company

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	FEDMI	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Future dates are not supported.

Service Type Code

Service Type Codes Supported	30
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Fidelis Care New York

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
2	Subscriber	Sub Member ID	Sub Date of Birth	
3	Subscriber	Sub Member ID	Sub SSN	
4	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth
5	Subscriber	Sub Last Name	Sub First Name	Sub SSN

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	FIDEL	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,4,5 - Subscriber Last Name
2100C	NM104	Name First		#1,4,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,5 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date

Service Type Codes

Service Type Codes Supported	30
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First Ameritas of NY

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00426	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber SSN is to be used.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code	
Service Type Codes Supported	30

Florida Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub DOB		
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Effective August 18, 2012 format requirements for the Subscriber ID have changed.

Subscriber ID (loop 2100C, NM109) must contain one of the following:

- A minimum of a three character alphabetic prefix followed by alphanumeric characters for a maximum of 17 characters
- An R followed by exactly 8 numbers
- An H followed by exactly 8 or 10 numbers

If the Subscriber ID is not formatted correctly the submitter will receive a 271 with AAA*42.

This change will cover all identifiers for Florida Blue members (the 'H+8' and H+10 is the only exception), out-of-state members from Other Blues Plans and FEP members.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	FLBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,3 – Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 24 months prior to current date • Cannot be more than 12 months future
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<ul style="list-style-type: none"> • BCBSF requires an EQ loop for either the Sub or Dep as applicable. • BCBSF will not accept multiple types of benefits • BCBSF supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3 - Dependent Birth Date
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 24 months prior to current date • Cannot be more than 12 months future
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<ul style="list-style-type: none"> • BCBSF requires an EQ loop for either the Sub or Dep as applicable. • BCBSF will not accept multiple types of benefits • BCBSF supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3

Florida Health Care Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	59322	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 1 year prior to current date. No future date.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 1 year prior to current date. No future date.

Service Type Code

Service Type Codes Supported | 30

Florida Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Subscriber Card Number			
3	Subscriber	Sub (SSN)	Sub Last Name	Sub First Name	
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Subscriber Gender
5	Subscriber	Sub (SSN)	Sub DOB		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	FLMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#3,4 - Subscriber Last Name
2100C	NM104	First Name		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY, HJ	
2100C	REF02	Reference Identification		#3,5 - Subscriber SSN #2 - Subscriber Card Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#4,5 - Subscriber Birth Date
2100C	DMG03	Gender Code	F, M	#4 - Subscriber Gender
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 18 months prior to current date Future - no future dates allowed Range – Yes, up to 18 months

Service Type Codes

Service Type Codes Supported	30
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GEMcare

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	11065	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Georgia Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	GABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date ▪ Past / Historical dates are not supported ▪ Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date ▪ Past / Historical dates are not supported ▪ Future dates are not supported

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Georgia Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Last Name	Sub First Name	Sub SSN	
3	Subscriber	Sub SSN	Sub Birthdate		
4	Subscriber	Sub Last Name	Sub First Name	Sub Birthdate	Sub Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	GAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,4 - Subscriber Last Name
2100C	NM104	Name First		#2,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,3 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3,4 - Subscriber Birth Date
2100C	DMG03	Gender		#4 - Subscriber Gender
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP02	Date Time Period Format Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future – Up to End of Current Month Range – Yes, within 12 months

Service Type Code

Service Type Codes Supported	30
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Golden Rule Insurance (GRI)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub First Name	Sub DOB	
4	Subscriber	Sub Member ID	Sub DOB		
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
9	Dependent	Sub Member ID	Dep First Name	Dep DOB	
10	Dependent	Sub Member ID	Dep DOB		
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent	Dep Last Name	Dep First Name	Dep DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	37602	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		TIN or National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 - Dependent Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period	D8, RD8	<ul style="list-style-type: none"> Up to 18 months prior to current date Future date through the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		Support explicit HIPAA service type responses for the CORE II codes. Request for service type 30 will return service codes: 1, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Service Type Code	
Service Type Codes Supported	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99, A0,A3, A6,A7,A8,AD,AE,AF,AG,AI, AL,BG,BH, MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Government Employees Health Association (GEHA)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	
5	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	44054	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5 - Subscriber ID <ul style="list-style-type: none"> The Member ID can either be the SSN (9 positions) or the GEHA ID (8 positions) The GEHA ID MUST NOT be ZERO filled to create a 9 position ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4,5 - Dependent Last Name
2100D	NM104	Name First		#3,5 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date

Service Type Codes

Service Type Codes Supported | 30

Great West

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB	Service Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB	Service Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	80705	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI, SV, 34	
2100B	NM109	Identification Code		National Provider Identifier (NPI), TIN, Service Provider Number or Provider SSN <ul style="list-style-type: none"> If the information receiver is a provider and the National Provider ID is mandated for use and the provider is a covered health care provider under the mandate, code value "XX" must be used.
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID <ul style="list-style-type: none"> Unique Member Identifier or Social Security Number.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	102, 291	<ul style="list-style-type: none"> If issue date (qualifier 102) is received then the 270 request date will be used. If plan date (qualifier 291) is received then the submitted date will be used.
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Expression of date or date range. A range of dates is acceptable, but Great West - Cigna only recognizes the first date in range. If no date provided, use current date.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	102, 291	<ul style="list-style-type: none"> If issue date (qualifier 102) is received then the 270 request date will be used. If plan date (qualifier 291) is received then the submitted date will be used.
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Expression of date or date range. A range of dates is acceptable, but Great West - Cigna only recognizes the first date in range. If no date provided, use current date.

Service Type Codes

Service Type Codes Supported	<u>Medical Services:</u> 1, 2, 3, 4, 6, 7, 8, 10, 12, 17, 19, 20, 30, 33, 42, 45, 46, 47, 48, 50, 51, 52, 56, 59, 61, 62, 64, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 78, 79, 80, 81, 82, 83, 84, 86, 88, 90, 91, 92, 93, 96, 97, 98, 99, A0, A3, A9, AC, AD, AF, AG, AL, AM, AN, AO, AR, BD, BF, BG, BH, BK, BL, BN, BQ, BR, UC
	<u>Dental Services:</u> 23, 24, 25, 26, 28, 35, 36, 38, 39, 40, 41
	<u>Behavioral Services:</u> 5, 9, 22, 49, 59, 99, A2, A4, A5, A6, A7, A8, AA, AI, AJ, AK, BB, BC, CC, MH

Harken Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	43313	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier (NPI)
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period	D8	<ul style="list-style-type: none"> Up to 12 months prior to current date Up to 1 month in the future
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		Information returned in the 271 response will comply with Phase II Core Rule 260. As such patient responsibility will be returned for all Service Type Codes (270 Loop 2110C/EQ01 values) listed as “Mandatory” for returning patient responsibility for all Service Types that the member has active coverage. If the Service Type Code (EQ01) requested is not listed as “Mandatory”, then Harken will only respond with eligibility dates for active coverage.

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99, A0,A3, A6,A7,A8,AD,AE,AF,AG,AI, AL,BG,BH, MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

NOTE: Harken Health requires registration of providers prior to submitting 270 eligibility requests. Please contact:

PROVIDER SERVICES

Medical:

Telephone (702) 242-7088

Toll free (800) 745-7065

Fax (702) 242-9124

Business Hours: Mon. – Fri., 8 a.m. – 5 p.m. Pacific Standard Time

Harvard Pilgrim Health Care

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	HPHCS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year ▪ Future dates not supported

Service Type Code	
Service Type Codes Supported	1,2,4,5,6,7,8,11,12,13,18,20,22,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,90,91,93,98,99,A0,A3,A6,A7,A8,AB,AD,AE,AF,AG,AI,AL,BH,UC

Health Choice of Arizona

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Member ID	Sub DOB	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	HECHA	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP02	Date Time Period Format Qualifier	D8	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported (Required)	1, 30, 33, 35, 48, 50, 52, 86, 88, 91, 92, 98, A0, AD, AF, AL

Health Net National

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Note: Health Net National was formerly known as Health Net of Arizona and Health Net of the Northeast. These two Plans have been removed from the OptumInsight Real-Time Eligibility 270/271 Payers List.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00213	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		NPI, Provider ID, or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Subscriber Date <ul style="list-style-type: none"> ▪ Must be current date ▪ Past / Historical dates are not supported ▪ Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Dependent Date <ul style="list-style-type: none"> ▪ Must be current date ▪ Past / Historical dates are not supported ▪ Future dates are not supported

Service Type Codes

Service Type Codes Supported | 30

HealthNet of California

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID*	Sub DOB		
3	Subscriber	Sub SSN	Sub Last Name	Sub First Name	
4	Subscriber	Sub Member ID	Sub SSN		

Note: * For Member ID only searches, the Member ID plus the Member ID suffix is Required. The Member ID and the suffix are located on the back of the Member ID Card.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	95567	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		NPI, Provider ID, or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,4, - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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Health Partners of Minnesota

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub ID	Sub Last Name		Sub DOB
3	Subscriber	Sub ID	Sub First Name	Sub DOB	
4	Subscriber	Sub ID	Sub DOB		
5	Subscriber	Sub ID	Sub Last Name	Sub First Name	
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
7	Dependent	Sub ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub ID	Dep Last Name	Dep DOB	
9	Dependent	Sub ID	Dep First Name	Dep DOB	
10	Dependent	Sub ID	Dep DOB		
11	Dependent	Sub ID	Dep Last Name	Dep First Name	
12	Dependent	Dep Last Name	Dep First Name	Dep DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	94267	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,2,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date Future dates not allowed
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		HPMN supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 - Dependent Birth Date
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date No future dates allowed
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		HPMN supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3

Health Partners Pennsylvania

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub DOB		
3	Subscriber	Sub SSN	Sub DOB		
4	Subscriber	Sub SSN	Sub Last Name		
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	HPART	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,4,5 - Subscriber Last Name
2100C	NM104	Name First		#1,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date Up to 60 days in the future Range - 60 days

Service Type Codes

Service Type Codes Supported	30
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Healthfirst New York

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	HF1NY	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		<ul style="list-style-type: none"> National Provider Identifier (Required) Service Provider Number or (Situational)
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1- Subscriber Last Name
2100C	NM104	Name First		#1- Subscriber First Name
2100C	NM109	Identification Code		#1- Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1- Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date No future dates allowed
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	

Service Type Codes

Service Type Codes Supported	30
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Healthplans Incorporated

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	10802	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Healthsmart Benefit Solutions

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	HSBES	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> Up to 12 months prior to current date. Future dates are not supported

Service Type Code

Service Type Codes Supported | 30

Humana

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	Sub DOB
2	Subscriber	Sub Member ID (Medicare)	Sub DOB
3	Subscriber	Sub Member ID (Medicaid)	Sub DOB
4	Dependent	Sub Member ID	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00041	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID Member Identification Number: A hyphen or a space is allowed in the 10th position. Humana recommends using the Member ID number shown on the member ID card. If ChoiceCare, please provide the Member ID number including the 2-digit suffix.
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	F6, NQ	F6 - Medicare ID NQ - Medicaid ID
2100C	REF02	Reference Identification		#2 - Subscriber Medicare ID #3 - Subscriber Medicaid ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date No future dates allowed
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		Optional
2110C	EQ01	Service Type Code		Humana supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		Dependent Last Name
2100D	NM104	Name First		Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4 - Dependent Birth Date
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 27 months prior to current date Future dates not allowed
2110D	EQ	Dependent Eligibility or Benefit Inquiry		Optional
2110D	EQ01	Service Type Code		Humana supports the list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set of 5010X279A1 TR3

Idaho Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Subscriber	Sub Member ID	Sub SSN	
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
4	Subscriber	Sub SSN	Sub Last Name	Sub First Name
5	Subscriber	Sub SSN	Sub DOB	
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	IDMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4,6 - Subscriber Last Name
2100C	NM104	Name First		#3,4,6 - Subscriber First Name
2100C	NM105	Name Middle		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,4,5 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,5,6 - Subscriber Birth Date

Service Type Codes

Service Type Codes Supported	30
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Illinois Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ILBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • BCBS Illinois responds with eligibility for current date only. • If the date of service submitted is prior to the most recent policy change, BCBS IL responds with AAA62. • When benefit information retrieved is the same as the current day, the benefit information is returned.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • BCBS Illinois responds with eligibility for current date only. • If the date of service submitted is prior to the most recent policy change, BCBS IL responds with AAA62. • When benefit information retrieved is the same as the current day, the benefit information is returned.

Service Type Code

Service Type Codes Supported	1, 2, 3, 4, 5, 6, 12, 18, 30, 32, 33, 42, 45, 48, 50, 53, 59, 62, 65, 68, 69, 71, 73, 74, 78, 79, 80, 81, 86, 93, 98, 99, A0, A6, A7, A8, AD, AE, AF, AG, AI, AL, BH
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Illinois Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub Date of Birth	
3	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth
4	Subscriber	Sub SSN	Sub Last Name	Sub First Name

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ILMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,4 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past Dates before 1950 are Not Allowed Future dates allowed up to 90 days in the Future Range dates allowed, must be within 90 days

Service Type Codes

Service Type Codes Supported	30
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Indiana Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	INBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Indiana Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN		
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB
4	Subscriber	Sub Medicare ID		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	INMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY, F6	<ul style="list-style-type: none"> SY = SSN or F6 = Medicare ID
2100C	REF02	Reference Identification		<ul style="list-style-type: none"> #2 - SSN #3 - Medicare ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future – Up to End of Current Month Range – Not Allowed

Service Type Codes

Service Type Codes Supported	4, 12, 18, 23, 24, 25, 28, 30, 33, 34, 35, 41, 56, 71, 93, 94, 98, A8, AB, AD, AE, AF AI, AL, AM, AO
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Iowa Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	IABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Code

Service Type Codes Supported | 30

Iowa Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	IAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Johns Hopkins Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	JHOHP	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Kaiser Permanente of Northern CA

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID*			
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender

* California Member IDs are a total of 12 digits. The ID numbers should be left zero filled to 10 digits and a prefix should be added for the region (11 for Northern California members and 00 for Southern California members).

An ID that is 1234567 would be 110001234567 for Northern CA and 000001234567 for Southern CA.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KS003	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		TIN, NPI
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID*
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DMG03	Gender Code		#2 - Gender Code
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates through end of current month • Up to 12 months prior to current date

Service Type Code	
Service Type Codes Supported	The operating rule codeset

Kaiser Permanente of Southern CA

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID*			
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender

* California Member IDs are a total of 12 digits. The ID numbers should be left zero filled to 10 digits and a prefix should be added for the region (11 for Northern California members and 00 for Southern California members).

An ID that is 1234567 would be 110001234567 for Northern CA and 000001234567 for Southern CA.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KS001	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		TIN, NPI
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID*
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DMG03	Gender Code		#2 - Gender Code
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates through end of current month • Up to 12 months prior to current date

Service Type Code	
Service Type Codes Supported	The operating rule codeset

Kansas Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KSBSL	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 24 months prior to current date. • Future dates supported through end of current month. • Date Ranges not allowed.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 24 months prior to current date. • Future dates supported through end of current month. • Date Ranges not allowed.

Service Type Code

Service Type Codes Supported	30
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Special Instructions

Provider Enrollment Required	This payer requires Provider enrollment. Go to www.enshealth.com select Download Center, select EMC Agreements, enter your Optum User Id, Select State – Kansas, and the Kansas BCBS Agreement. Please note this can take 2 days to complete.
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Kansas City Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KCBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 1 year prior to current date. • No future date.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 1 year prior to current date. • No future date.

Service Type Code

Service Type Codes Supported | 30

Kansas Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub DOB	
3	Subscriber	Sub First Name	Sub Last Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KSMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2, 3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date Future Dates up to End of Current Month No Date Ranges Allowed

Service Type Codes

Service Type Codes Supported	30
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Kentucky Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KYBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Kentucky Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender
3	Subscriber	Sub (SSN)	Sub Last Name	Sub First Name	Sub Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KYMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#2,3 - Subscriber Last Name
2100C	NM104	First Name		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	Subscriber Service Date <ul style="list-style-type: none"> The Subscriber DTP <u>must</u> be sent when requesting an Inquiry using Name, Date of Birth and Gender. (option #2)
2100C	DTP02	Date/Time Period Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – 1 year prior to current date Future – No future dates are allowed Range – Yes, within 1 year

Service Type Codes

Service Type Codes Supported	30
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Keystone Mercy

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN		
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	KEYST	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2- SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date No future dates allowed

Service Type Codes

Service Type Codes Supported	30
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Lifewise Health Plan Oregon

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	10651	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code

Service Type Codes Supported	30
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Louisiana Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	LABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 2 years prior to current date. • No future date.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 2 years prior to current date. • No future date.

Service Type Code

Service Type Codes Supported | 30

Louisiana Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
2	Subscriber	Sub Member ID	Sub SSN	
3	Subscriber	Sub Member ID	Sub Date of Birth	
4	Subscriber	Sub SSN	Sub Date of Birth	
5	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth
6	Subscriber	Card ID	Sub SSN/Card ID	Sub Date of Birth

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	LAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,5 - Subscriber Last Name
2100C	NM104	Name First		#1,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,6 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,4,6 – Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3,4,5,6 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 12 months prior to current date • Only future days of current month are allowed • Range: Yes, within 12 months

Service Type Codes

Service Type Codes Supported	30
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Magnolia Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	68069	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Maine Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MEBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Maine Medicaid

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	
2	Subscriber	Sub SSN	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MEMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 – Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 – Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> ▪ Up To 12 Months in the Past. ▪ Future dates are not supported. ▪ No Date Ranges Allowed

Service Type Codes	
Service Type Codes Supported	30

Maryland Blue Cross Blue Shield (Carefirst)

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	Sub DOB
2	Dependent	Sub Member ID	Dep DOB

The provider's NPI must be enrolled with MD BCBS (Carefirst) for EDI 270-271 transactions. Please contact the payer at 1-877-269-9593.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MDBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date

Service Type Codes	
Service Type Codes Supported	30

Maryland Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Last Name	
2	Subscriber	Sub SSN	Sub Last Name	Sub First Name

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MDMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#1,2 - Subscriber Last Name
2100C	NM104	First Name		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - Subscriber SSN
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> ▪ Up to 12 months prior to current date. ▪ Future Dates Allowed up until the Next Day ▪ Date Ranges Not Allowed

Service Type Codes

Service Type Codes Supported	30
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Massachusetts Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB *
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB *

- * = situational
- This payer accesses Blue Exchange

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00139	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date (Situational) <ul style="list-style-type: none"> Required if the member is Non-BCBSMA Subscriber or the suffix is valued (12 byte ID).
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date (Situational) <ul style="list-style-type: none"> Required if the member is Non-BCBSMA Subscriber or the suffix is valued (12 byte ID).
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code	
Service Type Codes Supported	30, 35
NOTE: BCBSMA will accept any valid 270 service type and respond as if 30 were submitted.	

Massachusetts Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth	Sub Gender
3	Subscriber	Card Serial Number			

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	GH	
2100C	REF02	Reference Identification		#3 - Subscriber Card Serial Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DMG03	Gender Code	F, M	#2 - Subscriber Gender
2100C	DTP	Subscriber Date		
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> No future dates allowed

Service Type Codes

Service Type Codes Supported	30
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Medica Health Care Plan - Florida

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	78857	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,60,62,65, 68,69,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL, BG,BH,BT,BU, BW,BX,BY,BZ,DM,GF,GN,MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Medical Mutual of Ohio

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub DOB		
2	Subscriber	Sub Group Number	Sub Last Name	Sub First Name	Sub DOB
3	Dependent	Sub Member ID	Dep First Name	Dep DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	29076	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		National Provider Identifier, Provider ID or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,3 - Subscriber ID <ul style="list-style-type: none"> TPA ID can be submitted in place of the member ID. If it is submitted, it will be returned in a REF segment in the response (qualified as IG) and the member ID will be returned in NM109.
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	6P	
2100C	REF02	Reference Identification		#2 - Subscriber Group Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported | 2110C EQ01 = 1, 30, 35, AL

NOTE: 2110C EQ01 REQUIRED IF SUBSCRIBER IS THE PATIENT.

Service Type Codes Supported | 2110D EQ01 = 1, 30, 35, AL, 98, 68, 52, 81, 49, A8

NOTE: 2110D EQ01 REQUIRED IF DEPENDENT IS THE PATIENT.

Medicare - CMS

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Primary	HICN	Sub Last Name	Sub First Name	Sub DOB
2	Alternate	HICN	Sub Last Name	Sub DOB	
3	Alternate	HICN	Sub Last Name	Sub First Name	
<ul style="list-style-type: none"> • CMS does not support the use of N3/ N4 segments in 2100C and will reject with a 999. • CMS will perform X12 validation if Dependent level data is sent within a 270 request but will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop. 					

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	CMSEL	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		<ul style="list-style-type: none"> • National Provider Identifier • NPI must be enrolled with CMS and CIC before any transactions can be submitted
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM107	Name Suffix		<ul style="list-style-type: none"> • When the suffix is part of the Medicare Beneficiary's Last Name on the Medicare card, the suffix is required for Last Name matching. • For convenience, a Medicare Beneficiary's name suffix can also be appended to the last name field in order to meet matching constraints
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3 - Health Insurance Claim Number (HICN)
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • The allowable date span is up to 27 months in the past and up to four months in the future. • If no date is contained in the 270 request, CMS will respond with current eligibility information.
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		All STCs will be accepted by CMS. Only those specified by this companion guide will return explicit benefit information. All other codes will return only the basic set of eligibility data.

Service Type Codes	
Service Type Codes Supported	1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 18, 20, 23, 24, 25, 26, 27, 28, 30, 33, 35, 36, 37, 38, 39, 40, 41, 42, 45, 47, 48, 49, 50, 51, 52, 53, 54, 62, 65, 67, 68, 69, 73, 76, 78, 80, 81, 82, 83, 86, 88, 93, 98, 99, A0, A3, A4, A5, A6, A7, A8, AD, AE, AF, AG, AI, AJ, AK, AL, BF, BG, BH, BT, BU, BV, DM, MH, UC

Michigan Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MIBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date • Future dates are not supported
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date • Future dates are not supported

Service Type Code

Service Type Codes Supported	30
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Michigan Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Card Control Number		
3	Subscriber	Sub SSN	Sub DOB	
4	Subscriber	Sub SSN	Sub Last Name	Sub First Name
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MIMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#4,5 - Subscriber Last Name
2100C	NM104	First Name		#4,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID #2 - Subscriber Card Control Number
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 12 months prior to current date • Only future days of current month are allowed • Date Ranges Allowed within 1 year

Service Type Codes

Service Type Codes Supported	30
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Minnesota Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MNBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Code

Service Type Codes Supported | 30

Minnesota Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Birth Date	
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MNMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Mississippi Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB
4	Dependent	Sub Member ID	Dep DOB	
5	Dependent	Sub Member ID	Dep Last Name	Dep First Name

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MSBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,4,5 – Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,3 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#5 - Dependent Last Name
2100D	NM104	Name First		#5 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4 - Dependent Birth Date

Service Type Codes

Service Type Codes Supported	30
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Mississippi Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub Last Name	Sub First Name
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MSMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 27 months prior to current date Future - end of current month Range - yes

Service Type Codes

Service Type Codes Supported	30
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Missouri Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MOBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Missouri (MO) Health Plan (Community & State)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	86050	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,60,62,65, 68,69,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL, BG,BH,BT,BU, BW,BX,BY,BZ,DM,GF,GN,MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Missouri Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID (DCN)		
2	Subscriber	Sub Member ID (DCN)	Sub DOB	Sub Last Name
3	Subscriber	Sub Member ID (DCN)	Sub Last Name	Sub First Name
4	Subscriber	Sub SSN	Sub DOB	
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB
6	Subscriber	Medicaid Case ID	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MOMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3,5 - Subscriber Last Name
2100C	NM104	Name First		#3,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	Medicaid DCN
2100C	NM109	Identification Code		#1,2,3 - Subscriber ID - This is the Missouri Medicaid DCN used to identify Missouri Medicaid recipients. Use the Subscriber Medicaid ID to submit the Missouri Medicaid Case ID used for family members and dependents of Missouri Medicaid recipients.
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY, 3H	
2100C	REF02	Reference Identification		#4,6 - SSN or a Missouri Medicaid Case ID used for family members and dependents of Missouri Medicaid recipients. Use the Subscriber Member ID to submit the recipient ID.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4,5,6 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP02	Date/Time Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future - End of the Current Month Range – Yes, within 12 months
2100C	EQ	Subscriber Eligibility or Benefit Inquiry		
2100C	EQ01	Service Type Code	30	Required for all subscriber searches

Service Type Code

Service Type Codes Supported | 30

Molina of California

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MOLCA	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Montana Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MTMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Mutual of Omaha

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub DOB		
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep DOB		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	71412	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported	30
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MVP Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MVPHP	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

National Association of Letter Carriers (NALC)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	53011	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		National Provider Identifier, Provider ID or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported	30
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Neighborhood Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NBRHP	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date ▪ Must be current date.

Service Type Code	
Service Type Codes Supported	30

Network Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NETWH	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 1 year prior to current date. • Up to 1 year beyond current date.

Service Type Code	
Service Type Codes Supported	30

Nevada Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NVBSL	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Nevada Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Card Control Number		
3	Subscriber	Sub SSN	Sub DOB	
4	Subscriber	Sub SSN	Sub Last Name	Sub First Name
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NVMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#4,5 - Subscriber Last Name
2100C	NM104	Name First		#4,5 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1- Subscriber Member ID
				#2 - Non-HMO Member ID contains a leading 'W'
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY, HJ	SY - SSN HJ - Card Serial Number
2100C	REF02	Reference Identification		#2 - Card Serial Number #3,4 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – 1 year prior to current date Future – 5 days from current date Range – Yes, within same month

Service Type Codes

Service Type Codes Supported	30
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New Hampshire Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NHBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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New Hampshire Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NHMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

New Jersey Blue Cross Blue Shield (Horizon)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	22099	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Required if subscriber is the patient. <ul style="list-style-type: none"> No future date(s), Past dates to January 1 of current year minus two years are accepted. For example, in 2006, dates back to January 1, 2004 are accepted.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Dependent Date is optional at this level if dependent is the patient. <ul style="list-style-type: none"> No future date(s), Past dates to January 1 of current year minus two years are accepted. For example, in 2006, dates back to January 1, 2004 are accepted.

Service Type Code

Service Type Codes Supported	All valid Service Type Codes are supported.
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New Jersey Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth
3	Subscriber	Card Serial Number		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NJMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	GH	
2100C	REF02	Reference Identification		#3 - Subscriber Card Serial Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> No future dates allowed

Service Type Codes

Service Type Codes Supported	30
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New Mexico Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NMBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Code

Service Type Codes Supported | 30

New Mexico Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub ID Card Number			
3	Subscriber	Sub (SSN)	Sub Last Name	Sub First Name	
4	Subscriber	Sub (SSN)	Sub DOB		
5	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NMMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - SSN
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	HJ	
2100C	REF02	Reference Identification		#2 - Subscriber ID Card Number
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#4,5 - Subscriber Birth Date
2100C	DMG03	Gender Code	F, M	#5 - Subscriber Gender
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Subscriber Date is optional at this level. If not submitted, but required by payer, date of inquiry will be used. Up to 1 year prior to current date. No future dates.

Service Type Code	
Service Type Codes Supported	30

New York Blue Cross Blue Shield (Empire)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NYBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 - Subscriber Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 - Dependent Date <ul style="list-style-type: none"> ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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New York Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NYMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Nippon Life (Principal Financial Group)

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	Sub DOB
2	Dependent	Sub Member ID	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	81264	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		National Provider Identifier, Provider ID or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		Subscriber Last Name (optional)
2100C	NM104	Name First		Subscriber First Name (optional)
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		Dependent Last Name (optional)
2100D	NM104	Name First		Dependent First Name (optional)
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported	30
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North Carolina Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth
2	Subscriber	Sub Member ID	Sub Last Name		Sub Date of Birth
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth
5	Dependent	Sub Member ID	Dep Last Name		Dep Date of Birth
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NCBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 – Subscriber Last Name
2100C	NM104	Name First		#1,3 – Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 – Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1, 2 – Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Future dates are not supported Up to 36 months prior to current date Date Range inquiries are not supported, only the first date of a date range submitted is utilized to determine eligibility
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 – Dependent Last Name
2100D	NM104	Name First		#4,6 – Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 – Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Future dates are not supported Up to 36 months prior to current date Date Range inquiries are not supported, only the first date of a date range submitted is utilized to determine eligibility

Service Type Codes

Service Type Codes Supported	<p>Any Service Type Code (STC) inquired upon receives a response. BCBSNC returns any of the STC listed in EB03. A "baseline response", a set of STC identified by the BCBS Association or the CAQH Board, may be received in addition to the code of the inquiry. The baseline codes include:</p> <ul style="list-style-type: none"> 1 – Medical Care 30 – Health Plan Benefit Coverage 33 – chiropractic 35 – Dental 47 – Hospital 48 – Hospital Inpatient 50 – Hospital Outpatient 51 – Hospital Emergency Accident 52 – Emergency Room 86 – Emergency Services 88 – Pharmacy 98 – Physician Office visit AL – Vision MH – Mental Health UC – Urgent Care BY – Physician Visit (Sick) BZ – Physician Visit (Well)
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North Carolina Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member Id		
2	Subscriber	Sub Last Name	Sub First Name	Sub Date of Birth
3	Subscriber	Sub SSN	Sub Date of Birth	
4	Subscriber	Sub SSN	Sub Last Name	Sub First Name

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NCMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,4 - Subscriber Last Name
2100C	NM104	Name First		#2,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,4 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past: Up to 1 year prior to current date. Future: Up to the End of the Current Month. Range: Yes, within 1 year.

Service Type Codes

Service Type Codes Supported	30
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North Dakota Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NDBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

North Dakota Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Birth Date	
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	NDMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Ohio Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	OHBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 - Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 - Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Ohio Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
3	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
4	Subscriber	Sub Member ID	Sub DOB		
5	Subscriber	Sub Member ID	Sub Last Name		
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB	
7	Subscriber	Sub Member ID	Sub SSN		
8	Subscriber	Sub Last Name	Sub First Name	Sub SSN	
9	Subscriber	Sub DOB	Sub SSN		

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	OHMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		NPI, Service Provider Number
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3,5,6,8 - Subscriber Last Name
2100C	NM104	Name First		#1,2,6,8 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7 - Subscriber ID
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#7,8,9 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,3,4,6,9 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP02	Date Time Period Format Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 36 months prior to current date. • Future dates are not supported. • Range: Yes, must be within 36 month window

Service Type Codes

Service Type Codes Supported | 30

Oklahoma Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	OKBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Code

Service Type Codes Supported | 30

Oklahoma Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub (SSN)	Sub DOB	
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MC030	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#3 - Subscriber Last Name
2100C	NM104	First Name		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date/Time Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – 1 year prior to current date Future – No future dates are allowed Range – Yes, within 1 year

Service Type Codes

Service Type Codes Supported	30
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OptumHealth Behavioral Solutions

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	87726	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC

Oregon Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Birth Date	
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	ORMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

Oxford Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Subscriber	Sub Member ID	Sub First Name	Sub DOB	
4	Subscriber	Sub Member ID	Sub DOB		
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	06111	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5 - Subscriber Member ID OHP has unique ID numbers therefore only the 2100C subscriber loop will be used
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 - Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C/D EQ01 will return only the service type codes supported by OHP. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BXBY,BZ,DM,GF,GN,MH,UC

Pacific Source Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	10375	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code

Service Type Codes Supported	30
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PEHP Utah

#	Search Option	Field 1 Search	Field 2 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name		Dep DOB
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PEHPU	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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Pennsylvania Blue Cross Blue Shield (Highmark)

NOTE:

Highmark includes: Independence Blue Cross/Highmark Blue Shield Comp Select • Highmark Indemnity -Preferred Provider Organization PPO • Point of Service POS • Health Maintenance Organization HMO • Comprehensive Major Medical CMM • Major Medical • Medicare Supplemental • Clarity Vision

Independence Administrators Out-of-Area: Providers outside of the Independence Blue Cross (IBC) 5 county service area that are not Personal Choice Network Providers should submit requests with Highmark listed as the Payer/Information Source in the 2100A Loop. Highmark will use the Member ID alpha prefix to identify the need to coordinate with Independence Administrators.

The IBC service area includes the following counties: Philadelphia • Bucks • Chester • Delaware • Montgomery.

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	6P, SY	
2100C	REF02	Reference Identification		If Subscriber Group Number or SSN are known, they should be used to help Highmark identify the patient. Do not use Special characters such as dashes or spaces.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date. Up to 30 days into the future.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Must be Current Date. Past / Historical dates are not supported.

Description	Service Type Code
Service Type Codes Supported	30
Highmark does not process these codes. If submitted, they will be converted to '1' and receive an eligibility response based on '1'.	85, 87, AA, BA, BJ, BK, BL, BM, BN, BP, BQ, BR, B1, B2, B3, BX, C1, DG, DS, FY, GF, GN, ON, PU, RN, RT, TC, TN

Pennsylvania Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub DOB	
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#3 - Subscriber Last Name
2100C	NM104	First Name		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 10 years prior to current date and 2+ years returns basic information if available. 31 future days are allowed. Range must be within 31 days.

Service Type Codes

Service Type Codes Supported	30
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PHP of California

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	10164	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

PHP of Michigan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber Id	Sub Member ID	Sub DOB	
2	Subscriber Name	Sub Last Name	Sub First Name	Sub DOB
3	Dependent Id	Sub Member ID	Dep DOB	Dep First Name
4	Dependent Name	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PHPMI	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,3 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4 - Dependent Last Name
2100D	NM104	Name First		#4 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code

Service Type Codes Supported	30
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Physicians Mutual Insurance Company

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PMICO	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		Provider NPI
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates are not supported. • Up to 1 year in the past
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates are not supported. • Up to 1 year in the past.

Service Type Code

Service Type Codes Supported | 30

Preferred Care Partners – Florida

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	65088	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,60,62,65, 68,69,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL, BG,BH,BT,BU, BW,BX,BY,BZ,DM,GF,GN,MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

Premera BC Alaska and Washington

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	10326	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Principal Life (Principal Financial Group)

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	Sub DOB
2	Dependent	Sub Member ID	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	61271	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV, FI	
2100B	NM109	Identification Code		National Provider Identifier, Provider ID or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		Subscriber Last Name (optional)
2100C	NM104	Name First		Subscriber First Name (optional)
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		Dependent Last Name (optional)
2100D	NM104	Name First		Dependent First Name (optional)
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Code

Service Type Codes Supported	35, AL
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Priority Health

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	PRHTH	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

QualChoice

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Dependent	Sub Member ID	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	35174	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date Time Qualifier	291	
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	
2100D	NM1	Dependent Name		
2100D	NM104	Name First		#2 - Dependent First Name
2100C	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date Time Qualifier	291	
2100D	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100D	DTP03	Date Time Period		
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code	30	

Service Type Code

Service Type Codes Supported	30
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Schaller Anderson Maryland Physicians Care

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	MPCSA	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Schaller Anderson Mercy Care (Mercy Care Plan Arizona)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	AEMED	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates are not supported. • Up to 1 year in the past

Service Type Code	
Service Type Codes Supported	30

SelectHealth

#	Search Option	Field 1 Search	Field 2 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name		Dep DOB
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	SELHT	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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South Carolina Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	SCBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date ▪ Past dates up to 3 years. ▪ Future dates up to 1 year.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date ▪ Past dates up to 3 years. ▪ Future dates up to 1 year.

Service Type Code	
Service Type Codes Supported	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,A0,A1,A2,A3,A4,A5,A6,A7,A8,A9,AA,AB,AC,AD,AE,AF,AG,AH,AI,AJ,AK,AL,AM,AN,AO,AQ,AR,BA,BB,BC,BD,BE,BF,BG,BH,BI,BJ,BK,BL,BM,BN,BP,BQ,BR,BS

South Carolina Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Recipient Id		
2	Subscriber	Subscriber SSN	Subscriber Date of Birth	
3	Subscriber	Subscriber SSN	Subscriber Last Name	Subscriber First Name
4	Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber Date of Birth

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	SCMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,3 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future – No Future Date Allowed Range – Not Allowed

Service Type Codes

Service Type Codes Supported	30
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South Dakota Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	SDBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Code

Service Type Codes Supported | 30

South Dakota Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	SDMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 2 years ▪ Future dates not supported

Service Type Code	
Service Type Codes Supported	30

Tennessee Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	TNBSL	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 12 months prior to current date. Up to 30 days into the future.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Must be Current Date. Past / Historical dates are not supported.

Service Type Code	Description	Only Covered Service Type Codes Will Be Returned
30	Health Benefit Plan Coverage	1 – Medical Care
		33 – Chiropractic
		35 – Dental Care
		47 – Hospital
		48 – Hospital - Inpatient
		50 – Hospital - Outpatient
		52 – Hospital – Emergency Medical
		86 – Emergency Services
		88 – Pharmacy
		98 – Office Visit
		A7 – Psychiatric - Inpatient
Tennessee Blue Cross Blue Shield supports the use of individual inquiries. Using any of these service types instead of EQ01 '30' will result in a more streamlined 271 response.		1, 2, 4, 5, 6, 7, 8, 9, 12, 13, 18, 20, 33, 35, 40, 42, 45, 47, 48, 49, 50, 51, 52, 53, 60, 61, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 83, 84, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC

Tennessee Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub Last Name	
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	TNMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - SSN or TennCare ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – 366 days prior to current date Future – Up to the end of next month Range - Yes

Service Type Codes

Service Type Codes Supported	30
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Texas Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	TXBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#1 - Subscriber Last Name
2100C	NM104	First Name		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		Optional
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 12 months prior to current date. • Future dates are not supported. • Range: No

Service Type Codes

Service Type Codes Supported	30
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Texas Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub (SSN)	Sub DOB	
3	Subscriber	Sub (SSN)	Sub Last Name	Sub First Name
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	TXMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#3,4 - Subscriber Last Name
2100C	NM104	First Name		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,3 - Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period	D8, RD8	<ul style="list-style-type: none"> Past – 2 years prior to current date Future – Yes, up the end of the current month Range – Yes, within 3 months

Service Type Codes

Service Type Codes Supported	30
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Three Rivers Health Plan (Unison Health Plan)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

Three Rivers Health Plan will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	25175	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,80,81,82,86,88,93,98,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

TRICARE (Champus)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB	Sub Gender
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB	Dep Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	00080	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DMG03	Gender Code	F, M	#1 - Subscriber Gender
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DMG03	Gender Code	F, M	#2 - Dependent Gender

Service Type Code

Service Type Codes Supported | 30

DISCLAIMER: Each transaction can contain only one Eligibility inquiry (EQ) segment can be reported for either the subscriber or a dependent. The response is based on information obtained by PBCA from DEERS records at the time of the inquiry and is not to be considered a guarantee of payment. At this time, PGBA is only supporting the eligibility portion of the 270/271 transaction.

NOTE: Payer ID 00080 covers TRICARE South, North and West Regions.

Trustmark

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	TRUST	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date

Service Type Codes

Service Type Codes Supported	30
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Tufts Health Plan

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
3	Subscriber	Sub Last Name	Sub First Name	Sub DOB	

NOTE: Tufts Health Plan restricts access to all real time transactions to in-network providers only. Transactions from out-of-network providers will be rejected.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	04298	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,3 - Subscriber Last Name
2100C	NM104	Name First		#2,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP02	Date/Time Format Qualifier	RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Future dates up to 90 days in the future. • Any past date.

Service Type Code

Service Type Codes Supported	30
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UMR Wausau

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Subscriber	Sub Member ID	Sub Last Name	Sub First Name
3	Subscriber	Sub (SSN)	Sub DOB	
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB
5	Dependent	Sub Member ID	Dep DOB	
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name
7	Dependent	Dep (SSN)	Dep DOB	
8	Dependent	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	39026	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2,4 - Subscriber Last Name
2100C	NM104	Name First		#2,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,5,6 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,3,4 - Subscriber Birth Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#6,8 - Dependent Last Name
2100D	NM104	Name First		#6,8 - Dependent First Name
2100D	REF	Dependent Additional Identification		
2100D	REF01	Reference Identification Qualifier	SY	
2100D	REF02	Reference Identification		#7 - SSN
2100C	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#5,7,8 - Dependent Birth Date

Service Type Code	
Service Type Codes Supported	1, 11, 12, 18, 23, 30, 33, 35, 38, 41, 42, 47, 48, 50, 52, 86, 88, 98, 99, A0, A4, A7, A8, AG, AL, AM, AN, AO, BB, CI, CJ, MH, UC

UniCare (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	UNI	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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UnitedHealthcare

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	87726	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional

2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC

UnitedHealthcare Dental

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	52133	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Dental Service Type codes supported are: 35, 36, 37, 38, 39, 40, and 41.</p> <p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month

2110D	EQ	Dependent Eligibility or Benefit Inquiry	
2110D	EQ01	Service Type Code	<p>Dental Service Type codes supported are: 35, 36, 37, 38, 39, 40, and 41.</p> <p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p>

Service Type Codes	
Service Type Codes Supported	35,36,37,38,39,40,41

UnitedHealthcare Community Plan - Kansas

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	96385	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 - Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes

Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC
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UnitedHealthcare Community Plan - Tennessee

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	95378	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date End date of date range must be no greater than the end of the current month
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>

Service Type Codes

Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC
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UnitedHealthcare Facets Detroit - Community and State

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

UnitedHealthcare Facets Detroit will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	95467	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 6 Months in the past Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,80,81,82,86,88,93,98,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

UnitedHealthcare Facets Pittsburgh - Community and State

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name	Sub DOB	
3	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
4	Dependent	Sub Member ID	Dep Last Name	Dep DOB	

UHC Pittsburgh will only return a response for Subscriber level information. Recommendation is to not submit a Dependent loop.

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	25175	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#3,4 - Dependent Last Name
2100D	NM104	Name First		#3 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#3,4 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 6 Months in the past • Future dates 30 Days only

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,10,12,13,18,20,30,33,35,40,42,44,45,46,47,48,50,51,52,53,56,59,62,64,65,67,68,69,73,76,77,78,79,80,81,82,86,88,93,98,99,A0,A2,A3,A4,A7,A8,AC,AD,AE,AF,AG,AI,AL,BB, BG, BH, BL, BT, BY, BZ, CI, CJ, CM,CN,DS,MH,UC

UnitedHealthcare Nevada Market

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	76342	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	FI, XX	
2100B	NM109	Identification Code		TIN or National Provider Identifier (NPI)
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period	D8,RD8	<ul style="list-style-type: none"> Up to 12 months prior to current date Up to 1 month in the future
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		Information returned in the 271 response will comply with Phase II Core Rule 260. As such patient responsibility will be returned for all Service Type Codes (270 Loop 2110C/EQ01 values) listed as "Mandatory" for returning patient responsibility for all Service Types that the member has active coverage. If the Service Type Code (EQ01) requested is not listed as "Mandatory", then UHCNV will only respond with eligibility dates for active coverage

Service Type Codes	
Service Type Codes Supported	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99, A0,A3, A6,A7,A8,AD,AE,AF,AG,AI, AL,BG,BH, MH,UC EQ*30 includes: 1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC

NOTE: UHC Nevada Market requires registration of providers prior to submitting 270 eligibility requests. Please contact:

PROVIDER SERVICES

Medical:

Telephone (702) 242-7088

Toll free (800) 745-7065

Fax (702) 242-9124

Business Hours: Mon. – Fri., 8 a.m. – 5 p.m. Pacific Standard Time

UnitedHealthcare River Valley

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	87726	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 - Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 - Dependent date of birth
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date
2110D	EQ	Dependent Eligibility or Benefit Inquiry		

2110D	EQ01	Service Type Code	<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
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Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC

UnitedHealthcare Student Resources

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID		Sub First Name	Sub DOB
4	Subscriber	Sub Member ID			Sub DOB
5	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
6	Subscriber		Sub Last Name	Sub First Name	Sub DOB
7	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
8	Dependent	Sub Member ID	Dep Last Name		Dep DOB
9	Dependent	Sub Member ID		Dep First Name	Dep DOB
10	Dependent	Sub Member ID			Dep DOB
11	Dependent	Sub Member ID	Dep Last Name	Dep First Name	
12	Dependent		Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	74227	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,5,6 - Subscriber Last Name
2100C	NM104	Name First		#1,3,5,6 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,7,8,9,10,11 - Subscriber Member ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3,4,6 –Subscriber date of birth
2100C	DTP	Subscriber Date		Optional
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110C EQ01 will return only the service type codes supported by UHC. If an EQ01 value of “30” is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#7,8,11,12 - Dependent Last Name
2100D	NM104	Name First		#7,9,11,12 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#7,8,9,10,12 –Dependent date of birth
2100D	DTP	Dependent Date		Optional
2100D	DTP03	Date Time Period		<ul style="list-style-type: none"> Up to 18 months prior to current date
2110D	EQ	Dependent Eligibility or Benefit Inquiry		

2110D	EQ01	Service Type Code	<p>Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code "30" will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.</p> <p>Eligibility requests containing multiple service type codes in 2110D EQ01 will return only the service type codes supported by UHC. If an EQ01 value of "30" is included in the list of service type codes sent in the request, then the 271 response will only include the generic response.</p>
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Service Type Codes	
Service Type Codes Supported	1,2,3,4,5,6,7,8,,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC

Utah Blue Cross Blue Shield (Regence)

#	Search Option	Field 1 Search	Field 2 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID	Sub Last Name		Sub DOB
3	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	
4	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB
5	Dependent	Sub Member ID	Dep Last Name		Dep DOB
6	Dependent	Sub Member ID	Dep Last Name	Dep First Name	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	UTBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,2,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2,3,4,5,6 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#4,5,6 - Dependent Last Name
2100D	NM104	Name First		#4,6 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#4,5 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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Vermont Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	VTMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> • Future dates are not supported. • Up to 1 year in the past

Service Type Code	
Service Type Codes Supported	30

Virginia Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	VABLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Virginia Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID		
2	Subscriber	Sub SSN	Sub DOB	
3	Subscriber	Sub SSN	Sub Last Name	Sub First Name
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	VAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,3 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past - 12 months prior to current date Future - end of current month Range - 1 month

Service Type Codes

Service Type Codes Supported	30
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Washington Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub Birth Date	
2	Subscriber	Sub Last Name	Sub First Name	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WAMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#2 - Subscriber Last Name
2100C	NM104	Name First		#2 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date <ul style="list-style-type: none"> ▪ Past dates up to 1 year. ▪ Future dates not supported.

Service Type Code	
Service Type Codes Supported	30

WEA Trust

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Member ID	Sub DOB	
2	Dependent	Sub Member ID	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	39151	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, FI	
2100B	NM109	Identification Code		National Provider Identifier or TIN
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date Time Qualifier	291	
2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100C	DTP03	Date Time Period		
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	
2100D	NM1	Dependent Name		
2100D	NM104	Name First		#2 - Dependent First Name
2100C	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date Time Qualifier	291	
2100D	DTP02	Date Time Period Format Qualifier	D8, RD8	
2100D	DTP03	Date Time Period		
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
2110D	EQ01	Service Type Code	30	

Service Type Code

Service Type Codes Supported	30
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WellCare Health Plans

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Subscriber	Sub Member ID			Sub DOB
3	Subscriber		Sub Last Name	Sub First Name	Sub DOB
Payer Name					Payer ID
NOTE: WELLCARE INCLUDES THE FOLLOWING PLANS.					
HARMONEY HEALTH PLAN (ILLINOIS & INDIANA)					14163
HEALTHEASE					14163
HEALTHEASE KIDS					14163
OHANA HEALTH PLAN					14163
STAYWELL					14163
STAYWELL KIDS					14163
WELLCARE HEALTH PLANS					14163
NOTE: WellCare Health Plans covers: Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Missouri, New York, New Jersey and Texas.					

Loop ID	Reference	Name	Codes	Notes / Comments
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1,3 - Subscriber Last Name
2100C	NM104	Name First		#1,3 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1,2,3 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		

Service Type Codes

Service Type Codes Supported	30
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West Virginia Medicaid

#	Search Option	Field 1 Search	Field 2 Search
1	Subscriber	Sub Member ID	
2	Subscriber	Sub SSN	Sub Birth Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WVMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 – Subscriber Member ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2 – Subscriber SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> ▪ No Past Dates Allowed ▪ No Future Dates Allowed ▪ No Date Ranges Allowed

Service Type Codes

Service Type Codes Supported	30
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Wisconsin Anthem Blue Cross Blue Shield (WellPoint Health Network)

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search	Field 5 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub Date of Birth	Subscriber Date
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep Date of Birth	Dependent Date

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WIBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		#1 – Subscriber Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		#2 – Dependent Date ▪ Must be Current Date. ▪ Past / Historical dates are not supported. ▪ Future dates are not supported.

Service Type Codes

Service Type Codes Supported	1, 33, 35, 47, 48, 52, 50, 86, 88, 98, A7, A8, AL, MH, UC
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Wisconsin Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search
1	Subscriber	Sub Patient Account Number		
2	Subscriber	Sub Medicaid Id		
3	Subscriber	Sub Last Name	Sub First Name	Sub SSN
4	Subscriber	Sub Last Name	Sub First Name	Sub Birthdate
5	Subscriber	Sub SSN	Sub Birthdate	

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WIMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	<ul style="list-style-type: none"> NOTE: Health Care Providers <u>must</u> enter "XX" for NPI. However, an "SV" may be used to indicate a Service Provider Number.
2100B	NM109	Identification Code		National Provider Identifier <ul style="list-style-type: none"> Enter the 10-digit when "XX" was reported in the NM108. Enter the eight or nine digit Provider Number when "SV" is entered in the NM108.
2100C	NM1	Subscriber Name		
2100C	NM103	Last Name		#3,4 - Subscriber Last Name
2100C	NM104	First Name		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#2 - Subscriber Medicaid ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#3,5 - Subscriber SSN
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	HJ	
2100C	REF02	Reference Identification		#1 - Subscriber Patient Account Number (PAN)
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#4,5 - Subscriber Birth Date
2100C	DTP	Subscriber Date		Optional
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP02	Date/Time Period Qualifier	D8,RD8	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Past – Any date in the past Future – Yes, if the request is before the 20th of the month then you can inquire up to the end of the current month. If the request is on (or after) the 20th of the month then you can inquire up to the end of the following month. Range – Yes, must be within 12 months

Service Type Codes

Service Type Codes Supported | 30

Wyoming Blue Cross Blue Shield

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID	Sub Last Name	Sub First Name	Sub DOB
2	Dependent	Sub Member ID	Dep Last Name	Dep First Name	Dep DOB

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WYBLS	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	
2100B	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#1 - Subscriber Last Name
2100C	NM104	Name First		#1 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1,2 - Subscriber ID
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#1 - Subscriber Birth Date
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		Eligibility Date
2100D	NM1	Dependent Name		
2100D	NM103	Name Last		#2 - Dependent Last Name
2100D	NM104	Name First		#2 - Dependent First Name
2100D	DMG	Dependent Demographic Information		
2100D	DMG02	Date Time Period		#2 - Dependent Birth Date
2100D	DTP	Dependent Date		
2100D	DTP01	Date/Time Qualifier	291	
2100D	DTP03	Date Time Period		Eligibility Date

Service Type Code	
Service Type Codes Supported	30

Wyoming Medicaid

#	Search Option	Field 1 Search	Field 2 Search	Field 3 Search	Field 4 Search
1	Subscriber	Sub Member ID			
2	Subscriber	Sub (SSN)	Sub DOB		
3	Subscriber	Sub (SSN)	Sub Last Name	Sub First Name	
4	Subscriber	Sub Last Name	Sub First Name	Sub DOB	Sub Gender

Loop ID	Reference	Name	Codes	Notes / Comments
2100A	NM1	Information Source Name		
2100A	NM109	Identification Code	WYMCD	Payer ID
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX, SV	
2100B	NM109	Identification Code		National Provider Identifier or Provider ID
2100C	NM1	Subscriber Name		
2100C	NM103	Name Last		#3,4 - Subscriber Last Name
2100C	NM104	Name First		#3,4 - Subscriber First Name
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Identification Code		#1 - Subscriber ID
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	SY	
2100C	REF02	Reference Identification		#2,3 - SSN
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Date Time Period		#2,4 - Subscriber Birth Date
2100C	DMG03	Subscriber Gender Code	F, M	#4 - Subscriber Gender
2100C	DTP	Subscriber Date		
2100C	DTP01	Date/Time Qualifier	291	
2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> • Up to 1 year prior to current date. • No future dates.

Service Type Code

Service Type Codes Supported	30
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APPENDICES

Transmission Examples

Please refer to the CIC System Integration document.

Frequently Asked Questions

This is a placeholder for compiling questions and answers relative to CIC and the supported Payers.

Change Summary

Version	Payer	Description	Publish Date
1.35	Capital Blue Cross of Pennsylvania GEMcare Healthplans Incorporated Lifewise Health Plan Oregon Magnolia Health North Dakota Blue Cross Blue Shield Pacific Source Health Plan Schaller Anderson Maryland Physicians Care Wyoming Blue Cross Blue Shield	Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17 Production 7-6-17	7-7-2017
1.34	American Republic Insurance Company Afra Health Fund Nationwide Specialty Health PHP of California Premera BC Alaska and Washington Priority Health	Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported Production 6-23-17 Production 6-23-17 Production 6-23-17	6-26-2017
1.33	California Anthem Blue Cross Cariten Healthcare Star HRG Healthcare Inc. Director's Guild	Subscriber id instructions added Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported	5-15-2017
1.32	Principal Life Pennsylvania Blue Cross Blue Shield Writer's Guild Missouri (MO) Health Plan (Community & State) Medica Health Care Plan – Florida Preferred Care Partners – Florida	Service Types modified Enrollment requirement removed Removed – payer no longer supported Production 3-2-17 Production 3-2-17 Production 3-2-17	3-9-2017
1.31	Alabama Blue Cross Alabama Blue Shield CIP (Care Improvement Plus) PHP of Michigan	Enrollment requirement removed Enrollment requirement removed Production 2-17-16 Production 3-3-16	3-3-2016
1.30	Harken Health	Production 12-17-15	12-18-2015
1.29	Minnesota Medicaid Washington Medicaid	Production 11-19-15 Production 11-19-15	11-20-2015
1.28	Chesapeake National Life Insurance HealthMarkets – Mega Life and Health HealthMarkets – Transamerica Life Kentucky Health Exchange Midwest National Life Insurance	Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported Removed – payer no longer supported	11-6-2015
1.27	Iowa Medicaid Montana Medicaid North Dakota Medicaid Oregon Medicaid Vermont Medicaid	Production 9-10-15 Production 9-10-15 Production 9-10-15 Production 9-10-15 Production 9-10-15	9-17-2015
1.26	Kaiser Permanente of Northern CA Kaiser Permanente of Southern CA	Production 7-23-15 Production 7-23-15	7-24-2015
1.25	Florida Health Care Plan Caresource of Ohio Kansas City Blue Cross Blue Shield AMC Touchstone Kaiser Foundation Health Plan of Ohio	Production 12-11-14 Production 12-11-14 Production 12-11-14 Removed – payer no longer supported Removed – payer no longer supported	12-12-2014
1.24	HIP NY Louisiana Health Exchange	Removed – payer no longer supported Removed – payer no longer supported	11-14-2014
1.23	Boston Medical Center Health Plan Louisiana Blue Cross Blue Shield Neighborhood Health Plan Network Health	Production 11-6-14 Search options modified Production 11-6-14 Production 11-6-14	11-7-2014
1.22	UnitedHealthcare Community Plan – Tennessee UnitedHealthcare Student Resources Excellus Health Plan Healthsmart Benefit Solutions Schaller Anderson Mercy Care	Production 8-7-14 Production 8-7-14 Production 8-14-14 Production 8-14-14 Payer Name/Id Change	8-29-2014
1.21	New York Medicaid Molina of California	Search options modified Production 5-29-14	6-4-2014
1.20	South Dakota Medicaid	Production 4-3-14	4-4-2014

1.09	Minnesota Blue Cross Blue Shield Oklahoma Blue Cross Blue Shield TRICARE (Champus)	Production 11-15-12 Production 11-15-12 Added Note regarding Region coverage	11-26-2012
1.08	Americhoice - Community and State Arizona Physicians IPA - Community and State Better Health Plan (Unison Health Plan) Delaware Blue Cross Blue Shield Delaware Medicaid Florida Blue Cross Blue Shield Harvard Pilgrim Health Care Health Net National Three Rivers Health Plan (Unison Health Plan) UnitedHealthcare Facets Detroit - Community and State UnitedHealthcare Facets Pittsburgh - Community and State	Search options modified Search options modified Search options modified Production 7-26-2012 Production 6-21-2012 Subscriber ID format requirements Production 8-9-2012 Search options modified Search options modified Search options modified Search options modified	8-16-2012
1.07	South Carolina Blue Cross Blue Shield South Carolina Medicaid	Production 5-10-2012 Production 5-10-2012	5-11-2012
1.06	Alabama Medicaid American Medical Security (AMS) AmeriHealth Mercy Health Plan Arizona Physicians IPA - Community and State Better Health Plan (Unison Health Plan) Emblem Health QualChoice Three Rivers Health Plan (Unison Health Plan) UMR Wausau UnitedHealthcare Facets Detroit - Community and State UnitedHealthcare Facets Pittsburgh - Community and State	Production 4-5-12 Production 3-15-12 Production 5-3-12 Production 3-22-12 Payer ID changed to 25175 Production 5-3-12 Production 3-29-12 Payer ID changed to 25175 Production 3-15-12 Production 3-22-12 Production 3-22-12	5-1-2012
1.05	GEHA Healthfirst New York Kansas Medicaid Maryland Blue Cross Blue Shield (Carefirst) Michigan Medicaid Missouri Medicaid TRICARE	Production 3-8-12 Added Search Option - last name, first name, dob Added Search Option - last name, first name, dob Deleted Gender codes The provider's NPI must be enrolled with MD BCBS (Carefirst) for EDI 270-271 transactions Card Control Number can be submitted in 2100C NM109 Production 12-15-11 Search options modified	3-8-2012
1.04	Tennessee Blue Cross Blue Shield WellCare Health Plans Alabama Blue Cross Blue Shield	Production 1-19-12 Production 1-19-12 The provider's NPI must be enrolled with AL BCBS for EDI 270-271 transactions separate from Claims	1-19-2012

