

EyeMed Vision Care

HEALTHCARE BENEFIT ELIGIBILITY INQUIRY

Companion Document to ASC X12N 270 (004010X092)

Welcome to EyeMed Vision Care’s HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 270 Eligibility Inquiry transactions with us.

This Companion Guide to the ASC X12N 270 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide 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 HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

270 Health Care Eligibility Benefit Inquiry											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
INTERCHANGE CONTROL HEADER											
	ISA		M				INTERCHANGE CONTROL HEADER				
	GS		M				FUNCTIONAL GROUP HEADER				
TABLE 1 HEADER											
36	ST		M			R	TRANSACTION SET HEADER				
38	BHT		M			R	BEGINNING OF HIERARCHICAL TRANSACTION				
LOOP 2100 A											
R INFORMATION SOURCE LEVEL											
44	NM1		O			R	INFORMATION SOURCE NAME				
	NM101	98	M	ID	2/3	R	Entity Identifier Code	2B 36 GP P5 PR	Third-Party Administrator Employer Gateway Provider Plan Sponsor Payer		
	NM103	1035	O	AN	1/25	S	Information Source Last or Organization Name				
	NM108	66	X	ID	1/2	R	Identification Code Qualifier		See Implementation Guide for Code List	FI	
	NM109	67	X	AN	2/80	R	Information Source Primary Identifier				
LOOP 2100 B											
R INFORMATION RECEIVER LEVEL											
50	NM1		M			R	INFORMATION RECEIVER NAME				
54	REF		O			S	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for Code List	1J	EyeMed will process 1J (Facility ID Number) and ignore all other values.
LOOP 2000 C											
R SUBSCRIBER LEVEL											
	TRN		O			S	SUBSCRIBER TRACE NUMBER				
LOOP 2100 C											
R SUBSCRIBER NAME											
71	NM1		M			R	SUBSCRIBER NAME				This Loop is only populated if the Subscriber is the Patient.
74	REF		O			S	SUBSCRIBER ADDITIONAL IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for Code List		The following values will be recognized by EyeMed, listed in order of priority: for Patient_Plan_ID(one value per segment): "1L" - Group or Policy Number (Patient Plan ID) "18" - Plan Number (Patient Plan ID) "6P" - Group Number (Patient Plan ID) for Patient_Account_ID: "EJ" - Patient Account Number (Patient Account ID) for Patient_Demographics_Record: "SY" - Patient Identification Record
77	N3		O			S	SUBSCRIBER ADDRESS				
78	N4		O			S	SUBSCRIBER CITY/STATE/ZIP CODE				
83	DMG		O			S	SUBSCRIBER DEMOGRAPHIC INFORMATION				
87	DTP		O			S	SUBSCRIBER DATE				
	DTP01	374	M	ID	3/3	R	Date/Time Qualifier	102 307 435 472	Issue Eligibility Admission Service	307 472	EyeMed will process 307 requests (Eligibility) and 472 requests (Service)
	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8 RD8	Date: CCYYMMDD Range of dates: CCYYMMDD- CCYYMMDD	D8	If RD8 is provided, the first date in the range provided in DTP03 will be used.
LOOP 2110 C											
S SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION											
89	EQ		O			S	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				This Loop is only populated if the Subscriber is the Patient.

270 Health Care Eligibility Benefit Inquiry											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
	EQ01	1365	X	ID	1/2	S	Service Type Code		See Implementation guide for code list		EyeMed Code List: *30* - Health Benefit Plan Coverage *AL* - Vision (Optometry) *AM* - Frames *AN* - Routine Exam *AO* - Lenses
LOOP 2000 D						S	DEPENDENT LEVEL	This Loop is only populated if the Subscriber is not the Patient.			
112	TRN		O			S	DEPENDENT TRACE NUMBER				
LOOP 2100 D						R	DEPENDENT NAME	This Loop is only populated if the Subscriber is not the Patient.			
114	NM1		M			R	DEPENDENT NAME				
116	REF		O			S	DEPENDENT ADDITIONAL IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for Code List		The following values will be recognized by EyeMed, listed in order of priority: for Patient_Plan_ID (one value per segment): *1L* - Group or Policy Number (Patient Plan ID) *18* - Plan Number (Patient Plan ID) *6P* - Group Number (Patient Plan ID) for Patient_Account_ID: *EJ* - Patient Account Number (Patient Account ID) for Patient_Demographics_Record: *SY* - Patient Identification Record
118	N3		O			S	DEPENDENT ADDRESS				
119	N4		O			S	DEPENDENT CITY/STATE/ZIP CODE				
124	DMG		O			S	DEPENDENT DEMOGRAPHIC INFORMATION				
126	INS		O			S	DEPENDENT RELATIONSHIP				
129	DTP		O			S	DEPENDENT DATE				
	DTP01	374	M	ID	3/3	R	Date/Time Qualifier	102 307 435 472	Issue Eligibility Admission Service	307 472	EyeMed will process 307 requests (Eligibility) and 472 requests (Service)
	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8 RD8	Date: CCYYMMDD Range of dates: CCYYMMDD-CCYYMMDD	D8	If RD8 is provided, the first date in the range provided in DTP03 will be used.
LOOP 2110 D						S	DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION	This Loop is only populated if the Subscriber is not the Patient.			
89	EQ		O			S	DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
	EQ01	1365	X	ID	1/2	S	Service Type Code		See Implementation guide for code list		EyeMed Code List: *30* - Health Benefit Plan Coverage *AL* - Vision (Optometry) *AM* - Frames *AN* - Routine Exam *AO* - Lenses
	SE		M			R	TRANSACTION SET TRAILER				
	GE		M			R	FUNCTIONAL GROUP TRAILER				
	IEA		M			R	INTERCHANGE CONTROL TRAILER				

LOCATION	USE	NAME	NOTES
Loops not picked up by EyeMed			
N/A			
Segments not picked up by EyeMed			
Loop 2100 B		Information Receiver Name	
	N3	S	Information Receiver Address
	N4	S	Information Receiver City/State/Zip Code
	PER	S	Information Receiver Contact Information
	PRV	S	Information Reciever Provider Information
Loop 2100 C		Subscriber Name	
	PRV	S	Provider Information
	INS	S	Subscriber Relationship
Loop 2110 C		Subscriber Eligibility or Benefit Inquiry Identification	All available eligibility information will be provided
	AMT	S	Subscriber Spend Down Amount
	III	S	Subscriber Eligibility or Benefit Additional Inquiry Identification
	REF	S	Subscriber Additional Information
	DTP	S	Subscriber Eligibility/Benefit Date
Loop 2100 D		Dependent Name	
	PRV	S	Provider Information
Loop 2110 D		Dependent Eligibility or Benefit Inquiry Identification	All available eligibility information will be provided
	III	S	Dependent Eligibility or Benefit Additional Inquiry Identification
	REF	S	Dependent Additional Information
	DTP	S	Dependent Eligibility/Benefit Date
Elements not picked up by EyeMed			
Header			
	BHT		Beginning of Hierarchical Transaction
	BHT06	S	Transaction Type Code
Loop 2100 B			Information Receiver Name
	REF		Information Receiver Additional Information
	REF03	S	License Number State Code
Loop 2100 C			Subscriber Name
	DMG		Subscriber Demographic Information
	DMG01	S	Date Time Period Format Qualifier
	INS		Subscriber Relationship
	INS17	S	Birth Sequence Number
Loop 2110 C			Subscriber Eligibility or Benefit Inquiry Information
	EQ		Subscriber Eligibility or Benefit Inquiry Information

LOCATION	USE	NAME	NOTES
	EQ02	S	Composite Medical Procedure Identifier
	EQ03	S	Benefit Coverage Level Code
	EQ04	S	Insurance Type Code
Loop 2110 D			Dependent Eligibility or Benefit Inquiry Identification
	EQ		Dependent Eligibility or Benefit Inquiry Identification
	EQ02	S	Composite Medical Procedure Identifier
	EQ03	S	Benefit Coverage Level Code
	EQ04	S	Insurance Type Code

Guidelines for interpreting the Companion Guide:

If Usage = "Not Used", the element/segment is omitted from the Companion Guide and "Data Not Picked Up" worksheet

Element Names are from Industry Standard, if available

If an element is required but is not mapped, the element is **not** listed in the "Data Not Picked Up" worksheet

If an element is **not** required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet