

EyeMed Vision Care

HEALTHCARE BENEFIT ELIGIBILITY RESPONSE

Companion Document to ASC X12N 271 (004010X092)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 271 Eligibility Response transactions with us.

This Companion Guide to the ASC X12N 271 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.

271 Health Care Eligibility Benefit Response											
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											
154	ST		M		1/1	R	TRANSACTION SET HEADER				
156	BHT		M		1/1	R	BEGINNING OF HIERARCHICAL TRANSACTION				
LOOP 2000 A											
LOOP 2100 A											
163	NM1		O		1/1	R	INFORMATION SOURCE NAME				
168	PER		O		0/3	S	INFORMATION SOURCE CONTACT INFORMATION				
	PER03	1390	M	ID	1/2	R	Communication Number Qualifier	ED EM FX TE	EDI Access Number email Facsimile Telephone	TE	TE (Telephone) number will be provided.
172	AAA		O		0/9	S	REQUEST VALIDATION				Element NM109 from Loop 2100A in the 270 Transaction will be validated. If invalid, this segment will be sent.
LOOP 2000 B											
175	HL		M		1/1	R	INFORMATION RECEIVER LEVEL				
LOOP 2100 B											
178	NM1		O		1/1	R	INFORMATION RECEIVER NAME				
182	REF		O		0/9	S	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation guide for code list	IJ	Expected Code from EyeMed: IJ (Facility ID Number)
184	AAA		O		0/9	S	INFORMATION RECEIVER REQUEST VALIDATION				
LOOP 2000 C											
187	HL		M		0/1	R	SUBSCRIBER LEVEL				
190	TRN		O		0/9	S	SUBSCRIBER TRACE NUMBER				
LOOP 2100 C											
193	NM1		O		1/1	R	SUBSCRIBER NAME				
196	REF		O		0/8	S	SUBSCRIBER ADDITIONAL IDENTIFICATION				
201	N4		O		0/1	S	SUBSCRIBER CITY/STATE/ZIP CODE				
207	AAA		O		0/9	S	SUBSCRIBER REQUEST VALIDATION				
210	DMG		O		0/1	S	SUBSCRIBER DEMOGRAPHIC INFORMATION				
216	DTP		O		0/9	S	SUBSCRIBER DATE				
LOOP 2110 C											
219	EB		O		0/1	S	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				This Loop is only populated if the Subscriber is the Patient.
	EB01	1390	M	ID	1/2	R	Eligibility or Benefit Information		See Implementation guide for code list		"1"-Active "6"-InActive "B"-Co-pay "D"-Benefit Description
	EB03	1365	O	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
238	REF		O		0/9	S	SUBSCRIBER ADDITIONAL IDENTIFICATION				
242	AAA		O		0/9	S	SUBSCRIBER REQUEST VALIDATION				
LOOP 2000 D											
265	HL		M		0/1	S	DEPENDENT LEVEL				This Loop is only populated if the Subscriber is not the Patient.
268	TRN		O		0/3	S	DEPENDENT TRACE NUMBER				

271 Health Care Eligibility Benefit Response											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
LOOP 2100 D						R	DEPENDENT NAME	This Loop is only populated if the Subscriber is not the Patient.			
271	NM1		O		1/1	R	DEPENDENT NAME				
274	REF		O		0/8	S	DEPENDENT ADDITIONAL IDENTIFICATION				
278	N4		O		0/1	S	DEPENDENT CITY/STATE/ZIP CODE				
284	AAA		O		0/9	S	DEPENDENT REQUEST VALIDATION				
287	DMG		O		0/1	S	DEPENDENT DEMOGRAPHIC INFORMATION				
289	INS		O			S	DEPENDENT RELATIONSHIP				
293	DTP		O		0/9	S	DEPENDENT DATE				
LOOP 2110 D						S	DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION	This Loop is only populated if the Subscriber is not the Patient.			
295	EB		O		0/1	S	DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION				
	EB01	1390	M	ID	1/2	R	Eligibility or Benefit Information		See Implementation guide for code list		EyeMed Code List: "1" - Active Coverage "6" - Inactive Coverage
	EB03	1365	O	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 This value may equal EQ01 from 270 Transaction
	EB13 - 1	235	M	ID	2/2	R	Product or Service ID Qualifier		See Implementation guide for code list		Composite element used to request eligibility for a very specific service, such as one based on a procedure code. "CJ"-CPT code (Procedure) "HC"-HCPCS code (Material) "ID"-ICD-9-CM codes (Diagnosis)
314	REF		O		0/9	S	DEPENDENT ADDITIONAL IDENTIFICATION				
316	DTP		O		0/20	S	DEPENDENT ELIGIBILITY/BENEFIT DATE				
	DTP01	374	M	ID	3/3	R	Date Time Qualifier		See Implementation guide for code list		EyeMed Code List: "348" - Benefit Begin "349" - Benefit End "356" - Eligibility Begin "357" - Eligibility End "472" - Service
318	AAA		O		0/9	S	DEPENDENT REQUEST VALIDATION				
341	SE		M		1/1	R	TRANSACTION SET TRAILER				
	GE		M			R	FUNCTIONAL GROUP TRAILER				
	IEA		M			R	INTERCHANGE CONTROL TRAILER				

LOCATION	USE	NAME	NOTES
Loops not sent from EyeMed			
Loop 2115 C		Subscriber Eligibility or Benefit Additional Information	
Loop 2120 C		Subscriber Benefit Related Entity Name	
Loop 2115 D		Dependent Eligibility or Benefit Additional Information	
Loop 2120 D		Dependent Benefit Related Entity Name	
Segments not sent from EyeMed			
Loop 2100 A		Information Source Name	
REF	S	Information Source Additional Information	
Loop 2100 C		Subscriber Name	
N3	S	Subscriber Address	
INS	S	Subscriber Relationship	
Loop 2110 C		Subscriber Eligibility or Benefit Information	
HSD	S	Health Care Services Delivery	
DTP	S	Subscriber Eligibility/Benefit Date	
MSG	S	Message Text	
LS	S	Loop Header	
LE	S	Loop Trailer	
Loop 2100 D		Dependent Name	
N3	S	Dependent Address	
PER	S	Dependent Contact Information	
Loop 2110 D		Dependent Eligibility or Benefit Information	
HSD	S	Health Care Services Delivery	
MSG	S	Message Text	
LS	S	Loop Header	
LE	S	Loop Trailer	
Elements not sent from EyeMed			
Loop 2100 A		Information Source Name	
NM1		Information Source Name	
NM104	S	Information Source First Name	
NM105	S	Information Source Middle Name	
NM107	S	Information Source Name Suffix	
PER			
PER02	S	Information Source Contact Name	
PER05	S	Communication Number Qualifier	
PER06	S	Information Source Communication Number	
PER07	S	Communication Number Qualifier	

LOCATION	USE	NAME	NOTES
Loop 2100 B	PER08	S	Information Source Communication Number
	REF		Information Receiver Name
Loop 2100 C	REF03	S	License Number State Code
	NM1		Subscriber Name
Loop 2110 C	NM106	S	Subscriber Name Prefix
	N4		Subscriber City/State/Zip Code
	N405	S	Location Qualifier
	N406	S	Location Identification Code
	EB		Subscriber Eligibility or Benefit Information
	EB02	S	Subscriber Eligibility or Benefit Information
Loop 2100 D	EB04	S	Benefit Coverage Level Code
	EB05	S	Insurance Type Code
	EB06	S	Plan Coverage Description
	EB07	S	Time Period Qualifier
	EB08	S	Benefit Amount
	EB09	S	Benefit Percent
	EB10	S	Quantity Qualifier
	EB13	S	Benefit Quantity
	REF		Subscriber Additional Identification
	REF03	S	Composite Medical Procedure Identifier
	INS		Subscriber Additional Identification
	INS03	S	Plan Sponsor Name
	Loop 2110 D	INS04	S
INS09		S	Dependent Relationship
INS10		S	Maintenance Type Code
INS17		S	Maintenance Reason Code
EB			Student Status Code
EB02		S	Handicap Indicator
Loop 2110 D	EB04	S	Birth Sequence Number
	EB05	S	Dependent Eligibility or Benefit Information
	EB06	S	Dependent Eligibility or Benefit Information
	EB06	S	Benefit Coverage Level Code

LOCATION	USE	NAME	NOTES
EB07	S	Benefit Amount	
EB08	S	Benefit Percent	
EB09	S	Quantity Qualifier	
EB10	S	Benefit Quantity	
EB13	S	Composite Medical Procedure Identifier	
REF		Dependent Additional Identification	
REF03	S	Plan Sponsor Name	

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