



Vermont MMIS HIPAA Tech Specs - 5010 270 Health Care Eligibility Benefit Inquiry

Eligibility Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4	NA (No Loop Name)	ISA	(Interchange Control Header			
C.4	NA (No Loop Name)	ISA01	Authorization Information Qualifier		00	VT Medicaid Requires "00"
C.4	NA (No Loop Name)	ISA02	Authorization Information		00	VT Medicaid Requires "00"
C.4	NA (No Loop Name)	ISA03	Security Information Qualifier		00	VT Medicaid Requires "00"
C.4	NA (No Loop Name)	ISA04	Security Information			Leave Blank
C.4	NA (No Loop Name)	ISA05	Interchange ID Qualifier		ZZ	VT Medicaid Required to Receive Qualifier "ZZ"
C.4	NA (No Loop Name)	ISA06	Interchange Sender ID			Use VT Medicaid assigned Trading Partner ID
C.5	NA (No Loop Name)	ISA07	Interchange ID Qualifier		ZZ	Use qualifier "ZZ"
C.5	NA (No Loop Name)	ISA08	Interchange Receiver ID			Use VT Medicaid EIN "752548221"
C.5	NA (No Loop Name)	ISA09	Interchange Date			
C.5	NA (No Loop Name)	ISA10	Interchange Time			
C.5	NA (No Loop Name)	ISA11	Repetition Separator			
C.5	NA (No Loop Name)	ISA12	Interchange Control Version Number			
C.5	NA (No Loop Name)	ISA13	Interchange Control Number			
C.6	NA (No Loop Name)	ISA14	Acknowledgment Requested		0	Send "0"
C.6	NA (No Loop Name)	ISA15	Interchange Usage Indicator		T, P	Send "T" for test files & "P" for production files
C.6	NA (No Loop Name)	ISA16	Component Element Separator			
C.7	NA (No Loop Name)	GS	Functional Group Header			
C.7	NA (No Loop Name)	GS01	Functional Identifier Code			
C.7	NA (No Loop Name)	GS02	Application Sender's Code			Use VT Medicaid assigned Trading Partner ID
C.7	NA (No Loop Name)	GS03	Application Receiver's Code			Use Medicaid EIN "752548221"
C.7	NA (No Loop Name)	GS04	Date			
C.8	NA (No Loop Name)	GS05	Time			
C.8	NA (No Loop Name)	GS06	Group Control Number			
C.8	NA (No Loop Name)	GS07	Responsible Agency Code			
C.8	NA (No Loop Name)	GS08	Version/Release/Industry Identifier Code			Use 005010X279A1
61	NA (No Loop Name)	ST	Transaction Set Header			
61	NA (No Loop Name)	ST01	Transaction Set Identifier Code			
61	NA (No Loop Name)	ST02	Transaction Set Control Number			Recommend start at 0001 and increment per submission
62	NA (No Loop Name)	ST03	Implementation Convention Reference			Use 005010X279A1
63	NA (No Loop Name)	BHT	Beginning of Hierarchical Transaction			
63	NA (No Loop Name)	BHT01	Hierarchical Structure Code			
64	NA (No Loop Name)	BHT02	Transaction Set Purpose Code		13	Value "13" (Request Only) is required
64	NA (No Loop Name)	BHT03	Reference Identification			

Vermont Medicaid 270 Tech Specs
 Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
64	NA (No Loop Name)	BHT04	Date			
65	NA (No Loop Name)	BHT05	Time			
65	NA (No Loop Name)	BHT06	Transaction Type Code			
67	2000A	HL	Information Source Level			
67	2000A	HL01	Hierarchical ID Number			
67	2000A	HL03	Hierarchical Level Code			
68	2000A	HL04	Hierarchical Child Code			
69	2100A	NM	Information Source Name			
69	2100A	NM101	Entity Identifier Code		PR	VT Medicaid requires "PR" for Payer
70	2100A	NM102	Entity Type Qualifier		2	Entity Type 2
70	2100A	NM103	Name Last or Organization Name			Send "VT MEDICAID"
70	2100A	NM104	Name First			
70	2100A	NM105	Name Middle			
71	2100A	NM107	Name Suffix			
71	2100A	NM108	Identification Code Qualifier		PI	Use qualifier "PI" for VT Medicaid
71	2100A	NM109	Identification Code		752548221	Use VT Medicaid EIN "752548221"
73	2000B	HL	Information Receiver Level			
73	2000B	HL01	Hierarchical ID Number			
73	2000B	HL02	Hierarchical Parent ID Number			
74	2000B	HL03	Hierarchical Level Code			
74	2000B	HL04	Hierarchical Child Code			
75	2100B	NM	Information Receiver Name			
75	2100B	NM101	Entity Identifier Code		1P	Use "1P" for Provider
76	2100B	NM102	Entity Type Qualifier			
76	2100B	NM103	Name Last or Organization Name			
76	2100B	NM104	Name First			
76	2100B	NM105	Name Middle			
77	2100B	NM107	Name Suffix			
77	2100B	NM108	Identification Code Qualifier		XX, SV	Use "XX" for National Provider Identifier Use "SV" for VT Medicaid Provider
78	2100B	NM109	Identification Code			Report the 10 digit National Provider Identifier Report the 7 digit VT Medicaid Provider Number
79	2100B	REF	Information Receiver Additional Identification			
79	2100B	REF01	Reference Identification Qualifier		EO	Use Qualifier "EO"
79	2100B	REF02	Reference Identification			Send the VT Medicaid assigned Trading Partner ID
79	2100B	REF03	Description			
81	2100B	N3	Information Receiver Address			
81	2100B	N301	Address Information			
81	2100B	N302	Address Information			
82	2100B	N4	Information Receiver City, State, Zip Code			
82	2100B	N401	City Name			

Vermont Medicaid 270 Tech Specs
Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
83	2100B	N402	State or Province Code			
83	2100B	N403	Postal Code			
83	2100B	N404	Country Code			
83	2100B	N407	Country Subdivision Code			
84	2100B	PRV	Information Receiver Provider Information			
84	2100B	PRV01	Provider Code			
85	2100B	PRV02	Reference Identification Qualifier			
85	2100B	PRV03	Reference Identification			
88	2000C	HL	Subscriber Level			
88	2000C	HL01	Hierarchical ID Number			
88	2000C	HL02	Hierarchical Parent ID Number			
89	2000C	HL03	Hierarchical Level Code			
89	2000C	HL04	Hierarchical Child Code		0	Required to enter "0"
90	2000C	TRN	Subscriber Trace Number			
90	2000C	TRN01	Trace Type Code			
91	2000C	TRN02	Reference Identification			An auto-generated number assigned to the transaction
91	2000C	TRN03	Originating Company Identifier			Identification number of the company that assigned the preceding trace number.
91	2000C	TRN04	Reference Identification			An identifier assigned by the Provider to represent the recipient within the Provider's internal system
92	2100C	NM1	Subscriber Name			
92	2100C	NM101	Entity Identifier Code			
93	2100C	NM102	Entity Type Qualifier	IL		Required to Use "IL".
93	2100C	NM103	Name Last or Organization Name			The Patient is always the VT Medicaid Subscriber
93	2100C	NM104	Name First			
94	2100C	NM105	Name Middle			
94	2100C	NM107	Name Suffix			
95	2100C	NM108	Identification Code Qualifier	MI		Send qualifier "MI" (Member Identification)
96	2100C	NM109	Identification Code			Send the patient's VT Medicaid Unique Identification Number. This ID is 1-8 numeric character(s). Do not zero or space fill. Do not use special characters.
98	2100C	REF	Subscriber Additional Information			
98	2100C	REF01	Reference Identification Qualifier	EJ		Use qualifier "EJ" (Patient Account Number)
99	2100C	REF02	Reference Identification			Send a Provider-specified patient account number.
100	2100C	N3	Subscriber Address			
100	2100C	N301	Address Information			
100	2100C	N302	Address Information			
101	2100C	N4	Subscriber City, State, ZIP Code			
101	2100C	N401	City Name			

Vermont Medicaid 270 Tech Specs

Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
102	2100C	N402	State or Province Code			
102	2100C	N403	Postal Code			
102	2100C	N404	Country Code			
102	2100C	N407	Country Subdivision Code			
104	2100C	PRV	Provider Information			
104	2100C	PRV01	Provider Code			
105	2100C	PRV02	Reference Identification Qualifier			
106	2100C	PRV03	Reference identification			
108	2100C	DMG	Subscriber Demographic Information			
108	2100C	DMG01	Date Time Period Format Qualifier			
108	2100C	DMG01	Date Time Period			
109	2100C	DMG01	Gender Code			
111	2100C	INS	Multiple Birth Sequence Number			
111	2100C	INS01	Yes/No Condition or Response Code			
111	2100C	INS02	Individual Relationship Code			
112	2100C	INS017	Number			
114	2100C	HI	Subscriber Health Care Diagnosis Code			
114	2100C	HI01	HEALTH CARE CODE Information			
114	2100C	HI01-1	Code List Qualifier Code			
114	2100C	HI01-2	Industry Code			
115	2100C	HI02	HEALTH CARE CODE INFORMATION			
115	2100C	HI02-1	Code List Qualifier Code			
115	2100C	HI02-2	Industry Code			
116	2100C	HI03	HEALTH CARE CODE INFORMATION			
116	2100C	HI03-1	Code List Qualifier Code			
116	2100C	HI03-2	Industry Code			
117	2100C	HI04	HEALTH CARE CODE INFORMATION			
117	2100C	HI04-1	Code List Qualifier Code			
117	2100C	HI04-2	Industry Code			
118	2100C	HI05	HEALTH CARE CODE INFORMATION			
118	2100C	HI05-1	Code List Qualifier Code			
118	2100C	HI05-2	Industry Code			
119	2100C	HI06	HEALTH CARE CODE INFORMATION			
119	2100C	HI06-1	Code List Qualifier Code			
119	2100C	HI06-2	Industry Code			
120	2100C	HI07	HEALTH CARE CODE INFORMATION			
120	2100C	HI07-1	Code List Qualifier Code			
120	2100C	HI07-2	Industry Code			
121	2100C	HI08	HEALTH CARE CODE INFORMATION			
121	2100C	HI08-1	Code List Qualifier Code			
121	2100C	HI08-2	Industry Code			
122	2100C	DTP	Subscriber Date			
123	2100C	DTP01	Date/Time Qualifier	291		Send "291" for Eligibility request

Vermont Medicaid 270 Tech Specs
 Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
123	2100C	DTP02	Date Time Period Format Qualifier		RD8	Send "RD8" for Range of Dates Expressed in Format: CCYYMMDD-CCYYMMDD
123	2100C	DTP03	Date Time Period			
125	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			
125	2110C	EQ01	Service Type Code			
130	2110C	EQ02	Composite Medical Procedure Identifier			
131	2110C	EQ02-1	Product/Service ID Qualifier			
131	2110C	EQ02-2	Product/Service ID			
131	2110C	EQ02-3	Procedure Modifier			
132	2110C	EQ02-4	Procedure Modifier			
133	2110C	EQ02-5	Procedure Modifier			
133	2110C	EQ02-6	Procedure Modifier			
134	2110C	EQ03	Coverage Level Code			
134	2110C	EQ05	Composit Diagnosis Code Pointer			
134	2110C	EQ05-1	Diagnosis Code Pointer			
134	2110C	EQ05-2	Diagnosis Code Pointer			
135	2110C	EQ05-3	Diagnosis Code Pointer			
135	2110C	EQ05-4	Diagnosis Code Pointer			
136	2110C	AMT	Subscriber Spend Down Amount			
136	2110C	AMT01	Amount Qualifier Code			
136	2110C	AMT02	Monetary Amount			
136	2110C	AMT	Subscriber Spend Down Total Billed Amount			
137	2110C	AMT01	Amount Qualifier Code			
137	2110C	AMT02	Monetary Amount			
			Subscriber Eligibility or Benefit Additional			
139	2110C	III	Inquiry Information			
139	2110C	III01	Code List Qualifier Code			
140	2110C	III02	Industry Code			
142	2110C	REF	Subscriber Additional Information			
142	2110C	REF01	Reference Identification Qualifier			
143	2110C	REF02	Reference Identification			
144	2110C	DTP	Subscriber Eligibility/Benefit Date			
144	2110C	DTP01	Date/Time Qualifier			
145	2110C	DTP02	Date Time Period Format Qualifier			
145	2110C	DTP03	Date Time Period			
147	2000D	HL	Dependent Level			
147	2000D	HL01	Hierarchical ID Number			
148	2000D	HL02	Hierarchical Parent ID Number			
148	2000D	HL03	Hierarchical Level Code			
148	2000D	HL04	Hierarchical Child Code			
149	2000D	TRN	Dependent Trace Number			
149	2000D	TRN01	Trace Type Code			
150	2000D	TRN02	Reference Identification			
150	2000D	TRN03	Originating Company Identifier			

Vermont Medicaid 270 Tech Specs

Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
150	200D	TRN04	Reference Identification			
151	2100D	NM1	Dependent Name			
151	2100D	NM101	Entity Identifier Code			
152	2100D	NM102	Entity Type Qualifier			
152	2100D	NM103	Name Last or Organization Name			
152	2100D	NM104	Name First			
153	2100D	NM105	Name Middle			
153	2100D	NM107	Name Suffix			
154	2100D	REF	Dependent Additional Information			
154	2100D	REF01	Reference Identification Qualifier			
156	2100D	REF02	Reference Identification			
157	2100D	N3	Dependent Address			
157	2100D	N301	Address Information			
157	2100D	N302	Address Information			
158	2100D	N4	Dependent City, State, ZIP Code			
158	2100D	N401	City Name			
159	2100D	N402	State or Province Code			
159	2100D	N403	Postal Code			
159	2100D	N404	Country Code			
159	2100D	N407	Country Subdivision Code			
161	2100D	PRV	Provider Information			
161	2100D	PRV01	Provider Code			
162	2100D	PRV02	Reference Identification Qualifier			
163	2100D	PRV03	Reference Identification			
165	2100D	DMG	Dependent Demographic Information			
165	2100D	DMG01	Date Time Period Format Qualifier			
165	2100D	DMG02	Date Time Period			
166	2100D	DMG03	Gender Code			
168	2100D	INS	Dependent Relationship			
168	2100D	INS01	Yes/No Condition or Response Code			
168	2100D	INS02	Individual Relationship Code			
169	2100D	INS017	Number			
171	2100D	HI	Dependent Health Care Diagnosis Code			
171	2100D	HI01	HEALTH CARE CODE INFORMATION			
171	2100D	HI01-1	Code List Qualifier Code			
171	2100D	HI01-2	Industry Code			
172	2100D	HI02	HEALTH CARE CODE INFORMATION			
172	2100D	HI02-1	Code List Qualifier Code			
172	2100D	HI02-2	Industry Code			
173	2100D	HI03	HEALTH CARE CODE INFORMATION			
173	2100D	HI03-1	Code List Qualifier Code			
173	2100D	HI03-2	Industry Code			
174	2100D	HI04	HEALTH CARE CODE INFORMATION			
174	2100D	HI04-1	Code List Qualifier Code			

Vermont Medicaid 270 Tech Specs

Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
174	2100D	HI04-2	Industry Code			
175	2100D	HI05	HEALTH CARE CODE INFORMATION			
175	2100D	HI05-1	Code List Qualifier Code			
175	2100D	HI05-2	Industry Code			
176	2100D	HI06	HEALTH CARE CODE INFORMATION			
176	2100D	HI06-1	Code List Qualifier Code			
177	2100D	HI06-2	Industry Code			
177	2100D	HI07	HEALTH CARE CODE INFORMATION			
177	2100D	HI07-1	Code List Qualifier Code			
177	2100D	HI07-2	Industry Code			
178	2100D	HI08	HEALTH CARE CODE INFORMATION			
178	2100D	HI08-1	Code List Qualifier Code			
178	2100D	HI08-2	Industry Code			
180	2100D	DTP	Dependent Date			
180	2100D	DTP01	Date/Time Qualifier			
180	2100D	DTP02	Date Time Period Format Qualifier			
180	2100D	DTP03	Date Time Period			
182	2110D	EQ	Dependent Eligibility or Benefit Inquiry			
182	2110D	EQ01	Service Type Code			
187	2110D	EQ02	Composite Medical Procedure Identifier			
188	2110D	EQ02-1	Product/Service ID Qualifier			
188	2110D	EQ02-2	Product/Service Code			
189	2110D	EQ02-3	Procedure Modifier			
189	2110D	EQ02-4	Procedure Modifier			
190	2110D	EQ02-5	Procedure Modifier			
190	2110D	EQ02-6	Procedure Modifier			
190	2110D	EQ05	Composite Medical Procedure Identifier			
191	2110D	EQ05-1	Diagnosis Code Pointer			
191	2110D	EQ05-2	Diagnosis Code Pointer			
191	2110D	EQ05-3	Diagnosis Code Pointer			
191	2110D	EQ05-4	Diagnosis Code Pointer			
193	2110D	III	Dependent Eligibility or Benefit Additional Inquiry Information			
193	2110D	III01	Code List Qualifier Code			
194	2110D	III02	Industry Code			
196	2110D	REF	Dependent Additional Information			
196	2110D	REF01	Reference Identification Qualifier			
197	2110D	REF02	Reference Identification			
198	2110D	DTP	Dependent Eligibility/Benefit Date			
198	2110D	DTP01	Date/Time Qualifier			
199	2110D	DTP02	Date Time Period Format Qualifier			
199	2110D	DTP03	Date Time Period			
200	NA (No Loop Name)	SE	Transaction Set Trailer			
200	NA (No Loop Name)	SE01	Number of Included Segments			

Vermont Medicaid 270 Tech Specs

Health Care Eligibility Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
200	NA (No Loop Name)	SE02	Transaction Set Control Number			
C.9	NA (No Loop Name)	GE	Functional Group Trailer			
C.9	NA (No Loop Name)	GE01	Number of Transaction Sets Included			
C.9	NA (No Loop Name)	GE02	Group Control Number			
C.10	NA (No Loop Name)	IEA	Interchange Control Trailer			
C.10	NA (No Loop Name)	IEA01	Number of Included Functional Groups			
C.10	NA (No Loop Name)	IEA02	Interchange Control Number			