

Avesis 270/271 05010X279
Companion Guide
For
AVESIS Applications

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AVESIS 270/271 Companion Guide for AVESIS Applications

Purpose

This document is not the complete EDI transaction format specifications which are maintained by Washington Publishing Company (WPC). It is to be used alongside the Standard Implementation Guides which can be purchased and downloaded from <https://x12.org/products>.

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Control Structure Definitions

Table 1: Interchange Control Header (ISA)

Element ID	Element Name	Value	Format Note
ISA01	Authorization Information Qualifier	00	00 = No Authorization Information Present
ISA02	Authorization Information		[space fill – 10 spaces]
ISA03	Security Information Qualifier	00	00 = No Security Information Present
ISA04	Security Information		[space fill – 10 spaces]
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		Use mutually agreed upon identifier, [space fill – right pad to 15 chars]
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	AVESIS	[space fill – right pad to 15 chars]
ISA09	Interchange Date		The date format is YYMMDD
ISA10	Interchange Time		The time format is HHMM
ISA11	Interchange Control Standards Identifier	^	
ISA12	Interchange Control Version Number	00501	
ISA13	Interchange Control Number		9-digit unique (per interchange) number. Must be identical to IEA02
ISA14	Acknowledgment Request	0	0 = No Interchange Acknowledgment (TA1) Requested

ISA15	Interchange Usage Indicator		T = Test Data, P = Production Data
ISA16	Component Element Separator	:	

Table 2: Functional Group Header (GS)

Element ID	Element Name	Value	Format Note
GS01	Functional Identifier Code	HS	HS = Eligibility Coverage or Benefit Inquiry - 270
GS02	Application Sender's Code		Use mutually agreed upon identifier
GS03	Application Receiver's Code	AVESIS	
GS04	Date		The date format is CCYYMMDD
GS05	Time		The time format is HHMM
GS06	Group Control Number		Must be identical to GE02
GS07	Responsible Agency Code	X	X = ASC X12
GS08	Version/Release/Industry Identifier Code	005010X279A1	

Table 3: Functional Group Trailer (GE)

Element ID	Element Name	Value	Format Note
GE01	Number of Transaction Sets Included	1	Count of transaction sets in functional group
GE02	Group Control Number		Must be identical to GS06

Table 4: Interchange Control Trailer (IEA)

Element ID	Element Name	Value	Format Note
IEA01	Number of Included Functional Groups	1	Count of functional groups in interchange
IEA02	Interchange Control Number		Must be identical to ISA13

Segment and Data Element Definitions

Table 5: Transaction Set Header (ST)

Element ID	Element Name	Value	Format Note
ST01	Transaction Set Identifier	270	270 = Eligibility Coverage or Benefit
ST02	Transaction Set Control Number		Must be identical to SE02
ST03	Transaction Set Version	005010X279A1	

Table 6: Beginning of Hierarchical Transaction (BHT)

Element ID	Element Name	Value	Format Note
BHT01	Hierarchical Structure Code	0022	0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose	13	13 = Request
BHT04	Transaction Set Creation Date		The date format is CCYYMMDD
BHT05	Transaction Set Creation Time		The time format is HHMM

Table 7: Information Source Level (2000A HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	1	
HL03	Hierarchical Level code	20	20 = Information Source
HL04	Hierarchical Child code	1	1 = Additional Subordinate HL Segments

Table 8: Information Source Name (2100A NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	PR	PR = Payer
NM102	Entity Type Qualifier	2	2 = Non-Person Entity
NM103	Source Last or Organization Name		Mutually Defined
NM108	Identification Code Qualifier	PI	PI = Payor Identification
NM109	Information Receiver Identification Number		Mutually Defined

Table 9: Information Receiver Level (2000B HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	2	
HL02	Hierarchical Parent ID Number	1	
HL03	Hierarchical Level code	21	20 = Information Receiver
HL04	Entity Child Code	1	1 = Additional Subordinate HL Segments

Table 10: Information Receiver Name (2100B NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	1P	1P = Provider
NM102	Entity Type Qualifier	1	1 = Person, 2 = Non-Person Entity
NM103	Provider or Organization Last Name		
NM104	Provider or Organization First Name		Required only when NM102=1
NM108	Identification Code Qualifier	XX	XX = CMS National Provider ID
NM109	Identification Code		National Provider ID

Table 11: Information Receiver Additional Identification (2100B REF)

Element ID	Element Name	Value	Format Note
REF01	Reference Identification Qualifier	TJ	TJ = Federal Taxpayer's Identification Number
REF02	Reference Identification		Federal Taxpayer's Identification Number

Table 12: Subscriber Level (2000C HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	3	
HL02	Hierarchical Parent ID Number	2	
HL03	Hierarchical Level Code	22	22 = Subscriber
HL04	Hierarchical Child Code	0	0 = No Subordinate HL Segments

Table 13: Subscriber Name (2100C NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	IL	IL = Insured or Subscriber
NM102	Entity Type Qualifier	1	1 = Person

NM103	Subscriber Last Name		
NM104	Subscriber First Name		
NM108	Subscriber ID Code Qualifier	MI	MI = Member Identification Number
NM109	Subscriber Primary Identifier		

Table 14: Subscriber Demographic Information (2100C DMG)

Element ID	Element Name	Value	Format Note
DMG01	Date Time Period Format	D8	D8 = Date expressed in Format CCYYMMDD
DMG02	Subscriber Birth Date		The date format is CCYYMMDD
DMG03	Subscriber Gender Code		M = Male, F = Female

Table 15: Subscriber Eligibility or Benefit Inquiry (2110C EQ)

Element ID	Element Name	Value	Format Note
EQ01	Service Type Code	35	35 = Dental Care

Table 16: Transaction Set Trailer (SE)

Element ID	Element Name	Value	Format Note
SE01	Transaction Segment Count		Total number of segments in transaction set (including ST and SE segments)
SE02	Transaction Set Control Number		Must be identical to ST02

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Table 17: Interchange Control Header (ISA)

Element ID	Element Name	Value	Format Note
ISA01	Authorization Information Qualifier	00	00 = No Authorization Information Present
ISA02	Authorization Information		[space fill – 10 spaces]
ISA03	Security Information Qualifier	00	00 = No Security Information Present
ISA04	Security Information		[space fill – 10 spaces]
ISA05	Interchange ID Qualifier	ZZ	ZZ = Mutually Defined
ISA06	Interchange Sender ID	AVESIS	[space fill – right pad to 15 chars]
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID		Use mutually agreed upon identifier, [space fill – right pad to 15 chars]
ISA09	Interchange Date		The date format is YYMMDD
ISA10	Interchange Time		The time format is HHMM
ISA11	Interchange Control Standards Identifier	^	
ISA12	Interchange Control Version Number	00501	
ISA13	Interchange Control Number		9-digit unique (per interchange) number. Must be identical to IEA02
ISA14	Acknowledgment Request	0	0 = No Interchange Acknowledgment (TA1) Requested
ISA15	Interchange Usage Indicator		T = Test Data, P = Production Data
ISA16	Component Element Separator	:	

Table 18: Functional Group Header (GS)

Element ID	Element Name	Value	Format Note
GS01	Functional Identifier Code	HB	HB = Eligibility Coverage or Benefit Inquiry - 271
GS02	Application Senders Code	AVESIS	
GS03	Application Receivers Code		Use mutually agreed upon identifier

GS04	Date		The date format is CCYYMMDD
GS05	Time		The time format is HHMM
GS06	Group Control Number		Unique number to interchange. Must be identical to GE02.
GS07	Responsible Agency Code	X	X = ASC X12
GS08	Version/Release/Industry Identifier Code	005010X279A1	

Table 19: Functional Group Trailer (GE)

Element ID	Element Name	Value	Format Note
GE01	Number of Transaction Sets Included	1	Count of transaction sets in functional group
GE02	Group Control Number		Must be identical to GS06

Table 20: Interchange Control Trailer (IEA)

Element ID	Element Name	Value	Format Note
IEA01	Number of Included Functional Groups	1	Count of functional groups in interchange
IEA02	Interchange Control Number		Must be identical to ISA13

Segment and Data Element Definitions

Table 21: Transaction Set Header (ST)

Element ID	Element Name	Value	Format Note
ST01	Transaction Set Identifier	271	271 = Benefit Information
ST02	Transaction Set Control Number		Unique number to interchange. Must be identical to SE02
ST03	Transaction Set Version	005010X279A1	

Table 22: Beginning of Hierarchical Transaction (BHT)

Element ID	Element Name	Value	Format Note
BHT01	Hierarchical Structure Code	0022	0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose	11	11 = Response
BHT03	Reference Identification		Number assigned by the originator to identify the transaction.
BHT04	Transaction Set Creation Date		The date format is CCYYMMDD
BHT05	Transaction Set Creation Time		The time format is HHMM

Table 23: Information Source Level (2000A HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	1	
HL02	Hierarchical Parent ID Number	2	
HL03	Hierarchical Level code	20	20 = Information Source
HL04	Hierarchical Child code	1	1 = Additional Subordinate HL Segments

Table 24: Information Source Name (2100A NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	PR	PR = Payer
NM102	Entity Type Qualifier	2	2 = Non-Person Entity
NM103	Name Last or Organization Name		Mutually Defined
NM108	Identification Code Qualifier	PI	PI = Payor Identification
NM109	Identification Code		Mutually Defined

Table 25: Information Receiver Level (2000B HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	2	
HL02	Hierarchical Parent ID Number	1	
HL03	Hierarchical Level code	21	21 = Information Receiver
HL04	Hierarchical Child code	1	1 = Additional Subordinate HL Segments

Table 26: Information Receiver Name (2100B NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	1P	1P = Provider
NM102	Entity Type Qualifier	1	1 = Person, 2 = Non-Person Entity
NM103	Provider or Organization Last Name		
NM104	Provider or Organization First Name		Required only when NM102=1
NM108	Identification Code Qualifier	XX	XX = CMS National Provider ID
NM109	Identification Code		National Provider ID

Table 27: Information Receiver Additional Identification (2100B REF)

Element ID	Element Name	Value	Format Note
REF01	Reference Identification Qualifier	TJ	TJ = Federal Taxpayers Identification Number
REF02	Reference Identification		

Table 28: Subscriber Level (2000C HL)

Element ID	Element Name	Value	Format Note
HL01	Hierarchical ID Number	3	
HL02	Hierarchical Parent ID Number	2	
HL03	Hierarchical Level Code	22	22 = Subscriber
HL04	Hierarchical Child Code	0	0 = No Subordinate HL Segments

Table 29: Subscriber Name (2100C NM1)

Element ID	Element Name	Value	Format Note
NM101	Entity Identifier Code	IL	IL = Insured or Subscriber
NM102	Entity Type Qualifier	1	1 = Person
NM103	Subscriber Last Name		
NM104	Subscriber First Name		
NM108	Subscriber ID Code Qualifier	MI	MI = Member Identification Number
NM109	Subscriber Primary Identifier		

Table 30: Subscriber Additional Information (2100C REF)

Element ID	Element Name	Value	Format Note
REF01	Reference Identification Qualifier	6P	6P = Group Number
REF02	Subscriber Supplemental Identifier		Group Number

Table 31: Subscriber Request Validation (2100C AAA)

***Returned only when inquiry request could not be processed.**

Element ID	Element Name	Value	Format Note
AAA01	Valid Request Indicator	N	N = No
AAA03	Reject Reason Code		15 = Required application data missing 42 = Unable to Respond at Current Time 58 = Invalid/Missing Date-of-Birth 72 = Invalid/Missing Subscriber/Insured ID 73 = Invalid/Missing Subscriber/Insured Name 76 = Duplicate Subscriber/Insured ID Number
AAA04	Follow-up Action Code	R	R = Resubmission Allowed

Table 32: Subscriber Demographic Information (2100 DMG)

Element ID	Element Name	Value	Format Note
DMG01	Date Time Period Format	D8	D8 = Date expressed in Format CCYYMMDD
DMG02	Subscriber Birth Date		The date format is CCYYMMDD
DMG03	Subscriber Gender Code		M = Male, F = Female

Table 33: Subscriber Eligibility or Benefit Inquiry (2110C EB)

Element ID	Element Name	Value	Format Note
EB01	Eligibility or Benefit Information Code		1 = Active Coverage 6 = Inactive
EB03	Service Type Code	35	35 = Dental Care
EB05	Plan Coverage Description		Product or program name for insurance plan.

Table 34: Transaction Set Trailer (SE)

Element ID	Element Name	Value	Format Note
SE01	Transaction Segment Count		Total number of segments in transaction set (including ST and SE segments)
SE02	Transaction Set Control Number		Must be identical to ST02

Special Notes

Avesis' 271 process is configured to return the following data elements when the initiating 270 inquiry request contains the corresponding segment. Each applicable segment is returned with the exact data that was provided.

Loop	Segment ID	Segment Name
2100B	N3	Information Receiver Address
2100B	N4	Information Receiver City, State, Zip Code
2000C	TRN	Subscriber Trace Number
2000C	TRN	Subscriber Trace Number
2100C	N3	Subscriber Address
2100C	N4	Subscriber City, State, Zip Code
2100C	PRV	Provider Information
2100C	INS	Multiple Birth Sequence Number
2100C	HI	Subscriber Health Care Diagnosis Code
2110C	REF	Subscriber Additional Identification