STATE of HAWAII
DEPARTMENT of HUMAN SERVICES
MED-QUEST DIVISION

270/271 Standard Companion Guide
Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 0.1
September 2011
# Table of Contents

Transaction Instruction (TI) ................................................................. 3

1. **TI Introduction** ............................................................................. 3  
   1.1 Background ................................................................................. 3  
      1.1.1 Overview of HIPAA Legislation ............................................. 3  
      1.1.2 Compliance according to HIPAA ......................................... 3  
      1.1.3 Compliance according to ASC X12 ...................................... 3  
   1.2 Intended Use ................................................................................ 4

2. **Included ASC X12 Implementation Guides** .................................... 4

3. **Instruction Tables** ....................................................................... 4  
   3.1 270 Eligibility, Coverage, or Benefit Inquiry ................................ 4  
   3.2 271 Eligibility, Coverage, or Benefit Information ....................... 6

4. **TI Additional Information** ............................................................... 7  
   4.1 Business Scenarios .................................................................... 7  
      4.1.1 270 Transaction Notes ......................................................... 7  
      4.1.2 271 Transaction Notes ......................................................... 19  
      4.1.3 270/271 Examples ............................................................... 37  
   4.2 Payer Specific Business Rules and Limitations ............................. 38  
      4.2.1 270 Search Criteria ............................................................ 38  
   4.3 Frequently Asked Questions ...................................................... 39  
   4.4 Other Resources ........................................................................ 39  
      4.4.1 RF410 – Contract Type Table – .......................................... 39

5. **TI Change Summary** .................................................................... 40
Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.
1.2 Intended Use
The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

<table>
<thead>
<tr>
<th>Unique ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>005010X281</td>
<td>Eligibility, Coverage, or Benefit Inquiry (270)</td>
</tr>
<tr>
<td>005010X282</td>
<td>Eligibility, Coverage, or Benefit Information (271)</td>
</tr>
</tbody>
</table>

3. Instruction Tables

3.1 270 Eligibility, Coverage, or Benefit Inquiry

<table>
<thead>
<tr>
<th>LOOP ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• If the file success rate falls below 75% during the search process, then all ST/SE transaction sets will contain an error “41” in the 2100B/AAA03 on the 271 response file.</td>
</tr>
</tbody>
</table>

Glossary:
- NOT USED BY MQD
  - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator.
  - Follow TR3 guidelines.
- Blue = Header segments
- Green = Subscriber Level Segments
- Yellow = Dependent Level Segments
<table>
<thead>
<tr>
<th>LOOP ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDR</td>
<td>ST</td>
<td>TRANSACTION SET HEADER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDR</td>
<td>ST03</td>
<td>Implementation Convention Reference</td>
<td>&quot;005010X279A1&quot;</td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM1</td>
<td>INFORMATION SOURCE NAME</td>
<td></td>
<td>&quot;MED-QUEST&quot;</td>
</tr>
<tr>
<td>2100A</td>
<td>NM103</td>
<td>Name Last or Organization Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>FI</td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM109</td>
<td>Identification Code</td>
<td>996001089</td>
<td></td>
</tr>
<tr>
<td>2000C</td>
<td>TRN</td>
<td>SUBSCRIBER TRACE NUMBER</td>
<td>This segment is not sent when performing a newborn request using the 2000D Dependent loop.</td>
<td></td>
</tr>
<tr>
<td>2100C</td>
<td>NM1</td>
<td>SUBSCRIBER NAME</td>
<td>Name</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
<tr>
<td>2100C</td>
<td>REF</td>
<td>SUBSCRIBER ADDITIONAL IDENTIFICATION</td>
<td>SSN</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
<tr>
<td>2100C</td>
<td>REF</td>
<td>SUBSCRIBER ADDITIONAL IDENTIFICATION</td>
<td>Medicare Claim ID</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
<tr>
<td>2100C</td>
<td>PRV</td>
<td>PROVIDER INFORMATION</td>
<td>This segment not required if the provider entered data in the 2100B loop. This segment used only if provider is not the same as in 2100B segment</td>
<td></td>
</tr>
<tr>
<td>2100C</td>
<td>DMG</td>
<td>SUBSCRIBER DEMOGRAPHIC INFORMATION</td>
<td>Date of Birth</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
<tr>
<td>2110C</td>
<td>EQ</td>
<td>SUBSCRIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION</td>
<td>Explicit Inquiries Not Supported</td>
<td></td>
</tr>
<tr>
<td>2110C</td>
<td>EQ01</td>
<td>Service Type Code</td>
<td>30</td>
<td>'30'</td>
</tr>
<tr>
<td>2000D</td>
<td>HL</td>
<td>DEPENDENT LEVEL</td>
<td>When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned.</td>
<td></td>
</tr>
<tr>
<td>2100D</td>
<td>NM1</td>
<td>DEPENDENT NAME</td>
<td>Name</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
<tr>
<td>2100D</td>
<td>DMG</td>
<td>DEPENDENT DEMOGRAPHIC INFORMATION</td>
<td>Date of Birth</td>
<td>See 4.2.1 270 Search Criteria</td>
</tr>
</tbody>
</table>
# 3.2 271 Eligibility, Coverage, or Benefit Information

<table>
<thead>
<tr>
<th>Loop ID</th>
<th>Reference</th>
<th>Description</th>
<th>Codes</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA</td>
<td>ISA06</td>
<td>Interchange Sender ID</td>
<td><em>MQD996001089</em></td>
<td></td>
</tr>
<tr>
<td>ISA</td>
<td>ISA08</td>
<td>Interchange Receiver ID</td>
<td>Use Health Plan ID or Provider ID from mainframe file</td>
<td></td>
</tr>
<tr>
<td>GS</td>
<td>GS02</td>
<td>Application Sender's Code</td>
<td><em>MQD996001089</em></td>
<td></td>
</tr>
<tr>
<td>GS</td>
<td>GS03</td>
<td>Application Receiver's Code</td>
<td>Use value found in GS02 of 270</td>
<td></td>
</tr>
<tr>
<td>GS</td>
<td>GS08</td>
<td>Version/Release/ Industry Identifier Code</td>
<td><em>005010X279A1</em></td>
<td></td>
</tr>
<tr>
<td>HDR</td>
<td>HDR</td>
<td>Implementation Convention Reference</td>
<td><em>005010X279A1</em></td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM103</td>
<td>Name Last or Organization Name</td>
<td><em>MED-QUEST</em></td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td><em>FI</em></td>
<td></td>
</tr>
<tr>
<td>2100A</td>
<td>NM109</td>
<td>Identification Code</td>
<td><em>996001089</em></td>
<td></td>
</tr>
<tr>
<td>2110C</td>
<td>EB</td>
<td>SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION</td>
<td>This segment will be repeated for each of the following benefit groupings: ELIGIBLE (up to 20x), MED/DEN FFS (up to 20x), MED/DEN CAPITATED (up to 20x), BHS (up to 20x), MEDICARE (1x for each type), SHARE OF COST/SPEND DOWN (up to 6x), NURSING HOME PROVIDER (up to 3x), LOCK-IN (up to 3x), TPL (up to 10x)</td>
<td></td>
</tr>
<tr>
<td>2000D</td>
<td>HL</td>
<td>DEPENDENT LEVEL</td>
<td>DEPENDENT LOOP AND SEGMENTS NOT USED BY MED-QUEST – MATCHED DEPENDENT WILL BE RETURNED IN SUBSCRIBER LOOP AND SEGMENTS</td>
<td></td>
</tr>
</tbody>
</table>
# 4. TI Additional Information

## 4.1 Business Scenarios

### 4.1.1 270 Transaction Notes

<table>
<thead>
<tr>
<th>ID</th>
<th>Element</th>
<th>Description</th>
<th>Values / Notes</th>
<th>MED-QUEST Usage/Expected Value</th>
<th>RETURN ON 271</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA</td>
<td>INTERCHANGE CONTROL HEADER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA01</td>
<td>Authorization Information Qualifier</td>
<td>&quot;00&quot;</td>
<td>(No authorization information present)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA02</td>
<td>Authorization Information</td>
<td>10 blank spaces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA03</td>
<td>Security Information Qualifier</td>
<td>&quot;00&quot;</td>
<td>(No security information present)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA04</td>
<td>Security Information</td>
<td>10 blank spaces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA05</td>
<td>Interchange ID Qualifier</td>
<td>&quot;ZZ&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA06</td>
<td>Interchange Sender ID</td>
<td>Expect to be populated by sender ID number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>known to MQD, an approved entity acting on the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>provider's behalf or a clearing house.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA07</td>
<td>Interchange ID Qualifier</td>
<td>&quot;ZZ&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA08</td>
<td>Interchange Receiver ID</td>
<td>&quot;MQD996001089&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA09</td>
<td>Interchange Date</td>
<td>YYMMDD</td>
<td>Interchange Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA10</td>
<td>Interchange Time</td>
<td>HHMM</td>
<td>Interchange Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA11</td>
<td>Repetition Separator</td>
<td>&quot;=&quot;</td>
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<tr>
<td>ISA12</td>
<td>Interchange Control Number</td>
<td>Expect assigned unique 9 digit control number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA13</td>
<td>Acknowledgement Request</td>
<td>&quot;T&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA14</td>
<td>Interchange Usage Indicator</td>
<td>&quot;P&quot;</td>
<td>(Production) (unless testing than value of &quot;T&quot;)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA15</td>
<td>Component Element Separator</td>
<td>&quot;</td>
<td>&quot;</td>
<td>(Pipe)</td>
<td></td>
</tr>
<tr>
<td>GS</td>
<td>FUNCTIONAL GROUP HEADER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS01</td>
<td>Functional Identifier Code</td>
<td>&quot;HS&quot;</td>
<td>(270 Request)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS02</td>
<td>Application Sender's Code</td>
<td>Expect to be populated by sender ID number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>known to MQD, an approved entity acting on the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>provider's behalf or a clearing house.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS03</td>
<td>Application Receiver's Code</td>
<td>&quot;MQD996001089&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Element</td>
<td>Description</td>
<td>Values / Notes</td>
<td>MED-QUEST Usage/Expected Value</td>
<td>RETURN ON 271</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>GS04</td>
<td>Date</td>
<td>CCYYMMDD</td>
<td>Creation Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS05</td>
<td>Time</td>
<td>HHMM</td>
<td>Creation Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS06</td>
<td>Group Control Number</td>
<td></td>
<td>Expect Group Control Number assigned by sender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS07</td>
<td>Responsible Agency Code</td>
<td>&quot;X&quot; (Accredited Standards Committee X12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS08</td>
<td>Version/Release/ Industry Identifier Code</td>
<td>&quot;005010X279A1&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HDR ST TRANSACTION SET HEADER**

| HDR ST01 | Transaction Set Identifier Code          | "270"                                           |                                |                                |               |
| HDR ST02 | Transaction Set Control Number           | numeric value                                   |                                |                                | X             |
| HDR ST03 | Implementation Convention Reference      | "005010X279A1"                                  |                                |                                |               |

**HDR BHT BEGINNING OF HIERARCHICAL TRANSACTION**

| HDR BHT01 | Hierarchical Structure Code                | 0022 Information Source, Information Receiver, Subscriber, Dependent | "0022"                           |                                |               |
| HDR BHT02 | Transaction Set Purpose Code               | "13" Request                                    |                                |                                |               |
| HDR BHT03 | Reference Identification                    | Expect a value to be populated if Real Time. This will be passed back on 271. If batch, may or may not be populated. |                                | X                             |               |
| HDR BHT04 | Transaction Set Creation Date              | CCYYMMDD                                         | Transaction Creation date      |                                |               |
| HDR BHT05 | Time                                        | HHMMSS                                           | Transaction Creation Time      |                                |               |
| HDR BHT06 | Transaction Type Code                      | Not used by MQD                                  |                                |                                |               |

**2000A HL INFORMATION SOURCE LEVEL**

| 2000A HL01 | Hierarchical ID Number                     | Must begin with the value of 1 for the first HL and increment +1 for each subsequent HL in the transaction |                                | X                             |               |
| 2000A HL02 | Hierarchical Parent ID Number              | NOT USED                                         |                                |                                |               |
| 2000A HL03 | Hierarchical Level Code                    | 20 Information Source                            | "20"                            | X                             |               |
| 2000A HL04 | Hierarchical Child Code                    | 1 Additional subordinate HL data segment in this hierarchical structure. | "1"                             | X                             |               |

**2100A NM1 INFORMATION SOURCE NAME**

<p>| 2100A NM101 | Entity Identifier Code                      | PR Payer                                         | &quot;PR&quot;                             | X                             |               |
| 2100A NM102 | Entity Type Qualifier                       | 2 Non-Person Entity                              | &quot;2&quot;                              | X                             |               |
| 2100A NM103 | Name Last or Organization Name             | &quot;MED-QUEST&quot;                                      |                                  | X                             |               |
| 2100A NM104 | Name First                                 | Not used by MQD                                  |                                  |                               |               |
| 2100A NM105 | Name Middle                                | Not used by MQD                                  |                                  |                               |               |
| 2100A NM106 | Name Prefix                                | NOT USED                                         |                                  |                               |               |
| 2100A NM107 | Name Suffix                                | Not used by MQD                                  |                                  |                               |               |
| 2100A NM108 | Identification Code Qualifier              | F1 Federal Taxpayer's Identification Number       | &quot;FI&quot;                             | X                             |               |
| 2100A NM109 | Identification Code                        | &quot;996001089&quot;                                      |                                  | X                             |               |
| 2100A NM110 | Entity Relationship Code                   | NOT USED                                         |                                  |                               |               |
| 2100A NM111 | Entity Identifier Code                     | NOT USED                                         |                                  |                               |               |
| 2100A NM112 | Name Last or Organization Name             | NOT USED                                         |                                  |                               |               |</p>
<table>
<thead>
<tr>
<th>ID</th>
<th>Element</th>
<th>Description</th>
<th>Values / Notes</th>
<th>MED-QUEST Usage/Expected Value</th>
<th>RETURN ON 271</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000B</td>
<td>HL 01</td>
<td>Hierarchical ID Number</td>
<td>Incremented number from previous HL segment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000B</td>
<td>HL 02</td>
<td>Hierarchical Parent ID Number</td>
<td>To be populated by sender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000B</td>
<td>HL 03</td>
<td>Hierarchical Level Code</td>
<td>21 Information Receiver</td>
<td>&quot;21&quot;</td>
<td></td>
</tr>
<tr>
<td>2000B</td>
<td>HL 04</td>
<td>Hierarchical Child Code</td>
<td>1 Additional Subordinate HL Data Segment in This Hierarchical Structure</td>
<td>&quot;1&quot;</td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 01</td>
<td>INFORMATION RECEIVER NAME</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 01</td>
<td>Entity Identifier Code</td>
<td>Expect any value of the actual sender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 02</td>
<td>Entity Type Qualifier</td>
<td>1 Person 2 Non-Person Entity</td>
<td>‘1’ or ‘2’</td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 03</td>
<td>Name Last or Organization Name</td>
<td>Expect Provider or clearing house name Who physically is to receive data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 04</td>
<td>Name First</td>
<td>Expect name if NM102 = 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 05</td>
<td>Name Middle</td>
<td>Expect name if NM102 = 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 06</td>
<td>Name Prefix</td>
<td>NOT USED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 07</td>
<td>Name Suffix</td>
<td>Not used by MQD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 08</td>
<td>Identification Code Qualifier</td>
<td>SV Service Provider Number  XX Centers for Medicare and Medicaid Services National Provider Identifier</td>
<td>Expect value &quot;XX&quot; if required to have NPI or &quot;SV&quot; in using MQD Provider ID number when NM101 = ‘1P’, ‘80’, ‘FA’, or ‘GP’</td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 09</td>
<td>Identification Code</td>
<td>1P Provider 2B Third-Party Administrator 36 Employer 80 Hospital FA Facility GP Gateway Provider P5 Plan Sponsor PR Payer</td>
<td>If NM101 = ‘1P’, ‘80’, ‘FA’, or ‘GP’ Expect National Provider ID if NM108 = ‘XX’ or MQD Registered Provider ID if NM108 = ‘SV’ Otherwise ignore number</td>
<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 10</td>
<td>Entity Relationship Code</td>
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<td></td>
</tr>
<tr>
<td>2100B</td>
<td>NM 11</td>
<td>Entity Identifier Code</td>
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| 2100C | INS02   | Individual Relationship Code                     |                                                    | Not used by MQD               |               |
| 2100C | INS03   | Maintenance Type Code                            |                                                    | NOT USED                      |               |
| 2100C | INS04   | Maintenance Reason Code                          |                                                    | NOT USED                      |               |
| 2100C | INS05   | Benefit Status Code                              |                                                    | NOT USED                      |               |
| 2100C | INS06   | MEDICARE STATUS CODE                             |                                                    | NOT USED                      |               |
| 2100C | INS07   | Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | NOT USED |               |
| 2100C | INS08   | Employment Status Code                           |                                                    | NOT USED                      |               |
| 2100C | INS09   | Student Status Code                              |                                                    | NOT USED                      |               |
| 2100C | INS10   | Yes/No Condition or Response Code                |                                                    | NOT USED                      |               |
| 2100C | INS11   | Date Time Period Format Qualifier                 |                                                    | NOT USED                      |               |
| 2100C | INS12   | Date Time Period                                 |                                                    | NOT USED                      |               |
| 2100C | INS13   | Confidentiality Code                             |                                                    | NOT USED                      |               |
| 2100C | INS14   | City Name                                        |                                                    | NOT USED                      |               |
| 2100C | INS15   | State or Province Code                           |                                                    | NOT USED                      |               |
| 2100C | INS16   | Country Code                                     |                                                    | NOT USED                      |               |
| 2100C | INS17   | Number                                           |                                                    | Not used by MQD               |               |

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| 2100C | HI01    | HEALTH CARE CODE INFORMATION                     |                                                    | Not used by MQD               |               |
| 2100C | HI01 - 1| Code List Qualifier Code                         |                                                    | Not used by MQD               |               |
| 2100C | HI01 - 2| Industry Code                                    |                                                    | Not used by MQD               |               |
| 2100C | HI01 - 3| Date Time Period Format Qualifier                 |                                                    | NOT USED                      |               |
| 2100C | HI01 - 4| Date Time Period                                 |                                                    | NOT USED                      |               |
| 2100C | HI01 - 5| Monetary Amount                                  |                                                    | NOT USED                      |               |
| 2100C | HI01 - 6| Quantity                                         |                                                    | NOT USED                      |               |
| 2100C | HI01 - 7| Version Identifier                               |                                                    | NOT Used                      |               |
| 2100C | HI01 - 8| Industry Code                                    |                                                    | NOT USED                      |               |
| 2100C | HI01 - 9| Yes/No Condition or Response Code                |                                                    | NOT USED                      |               |
| 2100C | HI02    | HEALTH CARE CODE INFORMATION                     |                                                    | Not used by MQD               |               |</p>
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### Additional Notes

- **2110C AMT**: SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT
  - SEGMENT NOT USED BY MQD

- **2110C III**: SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION
  - SEGMENT NOT USED BY MQD

- **2000D HL**: DEPENDENT LEVEL
  - When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned.

- **2000D TRN**: DEPENDENT TRACE NUMBER
  - The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.
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| 2210 | NM1 | | "MED-QUEST" | "MED-QUEST" | "MED-QUEST" | "MED-QUEST" | "MED-QUEST" | "MED-QUEST" |
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| 2210 | NM1 | | "USEHOSADD" | "USEHOSADD" | "USEHOSADD" | "USEHOSADD" | "USEHOSADD" | "USEHOSADD" |
| 2210 | NM1 | | "USEHOSADDADD" | "USEHOSADDADD" | "USEHOSADDADD" | "USEHOSADDADD" | "USEHOSADDADD" | "USEHOSADDADD" |
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### PAYOR CONTACT INFORMATION

| 2210 | PER01 | Contact Function Code | Populate with 'IC' | Populate with 'IC' | Populate with 'IC' | Populate with 'IC' | Populate with 'IC' | Populate with 'IC' |
| 2210 | PER02 | Name | "MQD CUSTOMER SERVICE BRANCH" | "MQD CUSTOMER SERVICE BRANCH" | "MQD CUSTOMER SERVICE BRANCH" | "MQD CUSTOMER SERVICE BRANCH" | "MQD CUSTOMER SERVICE BRANCH" | "MQD CUSTOMER SERVICE BRANCH" |
| 2210 | PER03 | Communication Number | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" |
| 2210 | PER04 | Communication Number | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" |
| 2210 | PER05 | Contact Inquiry Reference | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" | "8003168005" |

### MEDICARE VALIDATION

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**State of Hawaii, Department of Human Services, Med-QUEST Division Companion Guide**

September 2011 ● 005010 33
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4.1.3 270/271 Examples

Examples to be included in later version
## 4.2 Payer Specific Business Rules and Limitations

### 4.2.1 270 Search Criteria

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- Allow a requested date to go back as far as 24 month in the past and up to 30 days in the future.
- 270/271 Errata X279A1 dated 6/2010: Information Source must allow inquiry date ranges that follow their claims filing limitations and for dates in the future to the end of the current month.
- The begin date must be less than or equal to today, and the end date can be up to 24 months back from today or 30 days forward from today.
- No CORE requirements for member lookup
- If SSN does not match, will not be returned on response
- Used when there are multiple records found for Last Name/First Name/DOB search
- Used when there are multiple records found for Last Name/First Name/DOB search
4.3 Frequently Asked Questions
None available at this time

4.4 Other Resources

4.4.1 RF410 – Contract Type Table –

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