

Appendix VI

Alaska 270 Eligibility Benefit Inquiry Instructions

Revision History

Date	Location	Revision
12/29/03	Entire Appendix	Initial release of 270 Appendix
9/14/04	Loop 2100C, REF01	Added value (Usage Details and Expected Value) and modified Additional Instructions
	GE02 (Function Group Trailer)	Updated Usage Details and Expected Value
8/16/05		Added instruction on batch usage

The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

I.G. Page	Referenced Page in the <i>HIPAA ANSI X12N Implementation Guide</i> (including any approved addenda)	
I.G. SegID	Segment ID in the Implementation Guide.	
I.G. RefDes	Field ID in the Implementation Guide.	
I.G. Use	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
I.G. Element Name	Name of the element as given in the Implementation Guide.	
Alaska	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
Usage Details and Expected Value	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <See IG List > will appear in this column.	
Additional Instructions	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

When a 270 Eligibility and Benefit Inquiry Transaction is received, the Alaska MMIS will verify that the provider making the inquiry was eligible during the time period for which recipient eligibility information is being requested. If the provider was not eligible during that time, recipient eligibility information will not be returned. If the provider was eligible during a portion of that timeframe, recipient eligibility information for that portion of time will be returned.

If a recipient was eligible for only a portion of the timeframe for which eligibility information was requested in the 270 Inquiry Transaction, the 271 Response Transaction sent by Alaska Medical Assistance will only include eligibility confirmation for the timeframe the recipient was eligible. For example, if the 270 requests recipient eligibility information from January 1 through December 31 and the recipient was only eligible from June 1 through December 31, the response will confirm the recipient's eligibility for June 1 through December 31; no information will be included about January 1 through May 31.

Batch Usage

In certain circumstances, a trading partner may find it to be beneficial for them to submit a batch of transactions rather than one-at-a-time requests for eligibility. Since the information source processes requests for eligibility in "Real Time", it has been determined that it would be in the best interest of both the trading partner and the information source that these batches be limited in size. According to the NEDI Transaction Set Implementation Guide for Health Care Eligibility Benefit Inquiry and Response 270/271:

"It is required that the 270 transaction contains no more than ninety-nine patient requests when using the transaction in a batch mode."

If a trading partner submits a batch that exceeds this limit, it is within HIPAA compliance for the information source to send back to the trading partner a 271 that has a AAA segment with element AAA03 containing a code value "04" (Authorized Quantity Exceeded).

Any trading partner who decides on batch usage should be aware that resources are limited when processing batch transactions in "Real Time". Thus the trading partner is aware and agrees on a 24-hour turnaround on batch responses.

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
B.3	ISA			Interchange Control Header			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	IG	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element	
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here.
		ISA09	R	Interchange Date	IG	“YYMMDD” - Date of the Interchange	
		ISA10	R	Interchange Time	IG	“HHMM” - Time of the Interchange	
		ISA11	R	Interchange Control Standards Identifier	IG	“U” - U.S. EDI Community of ASC X12, TDCC, and UCS	
		ISA12	R	Interchange Control Version Number	IG	“00401” - Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	Interchange Control Number	IG	Originator assigned number (ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgement Requested	*	“0” - No Acknowledgment Requested “1” – Interchange Acknowledgement Requested	Regardless of the value chosen, one of the following three responses will be generated: <ul style="list-style-type: none"> • Negative TA1 – indicates there was a problem opening the X12 file • Negative 997 – indicates the transaction was rejected • Positive 997 – indicates the transaction was accepted

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ISA15	R	Usage indicator	IG	“P” - Production Data “T” - Test Data	When in production enter ‘P’. When testing enter ‘T’.
		ISA16	R	Component Element Separator	IG	Originator assigned value - This field provides the delimiter used to separate component data elements within a composite data structure. This character must be different than the data element separator and the segment terminator.	
B.8 & 18A	GS			Function Group Header			
		GS01	R	Functional Identifier Code	IG	“ HS ” - Eligibility, Coverage or Benefit Inquiry	
		GS02	R	Application Sender’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	Enter the submitter number that was assigned by Alaska Medical Assistance.
		GS03	R	Application Receiver’s Code	*	“ AKMEDICAID FHSC ”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here.
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time expressed as HHMM	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number (GS06 must be identical to the associated Functional Group Trailer GE02)	
		GS07	R	Responsible Agency Code	IG	“X” - Accredited Standards Committee X12	
		GS08	R	Version/Release/Industry Identifier Code	IG	“004010X092A1”	
36	ST			Transaction Set Header			
		ST01	R	Transaction Set Identifier Code	IG	“270” - Eligibility, Coverage or Benefit Inquiry	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
38	BHT			Beginning of Hierarchical Transaction				
		BHT01	R	Hierarchical Structure Code	IG	“0022” - Information Source, Information Receiver, Subscriber, Dependent		
		BHT02	R	Transaction Set Purpose Code	IG	“13” - Request		
		BHT03	S	Reference Identification	IG	Submitter Transaction Identifier		
		BHT04	R	Date	IG	Transaction Set Creation Date	Use this date to identify the date on which the submitter created the file. Date expressed as CCYYMMDD.	
		BHT05	R	Time	IG	Transaction Set Creation Time	Use the time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time in any of the following formats: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).	
		BHT06	S	Transaction Type Code	X	“RT” - Spend Down “RU” - Medical Services Reservation	At this time, Alaska Medical Assistance does not support the functionality for Spend Down or Medical Services Reservation.	
			R	LOOP 2000A - INFORMATION SOURCE LEVEL				
41	HL		R	Information Source Level				
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must begin with “1” and be incremented by one each time any HL segment is used in the transaction. Always enter a ‘1’ for this particular loop.	
		HL03	R	Hierarchical Level Code	IG	“20” - Information Source		
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in this Hierarchical Structure.		
			R	LOOP 2100A - INFORMATION SOURCE NAME				
44	NM1		R	Information Source Name				
		NM101	R	Entity Identifier Code	*	“PR” - Payer		

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		NM102	R	Entity Type Qualifier	*	“2” - Non-Person Entity		
		NM103	S	Name Last or Organization Name	X	Information Source Last or Organization Name		
		NM104	S	Name First	X	Information Source First Name		
		NM105	S	Name Middle	X	Information Source Middle Name		
		NM107	S	Name Suffix	X	Information Source Name Suffix		
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification		
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here.	
			R	LOOP 2000B - INFORMATION RECEIVER LEVEL				
47	HL		R	Information Receiver Level				
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.	
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which data segment being described is subordinate.	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. Enter a ‘1’ here, as this HL loop is always subordinate only to the Source HL level.	
		HL03	R	Hierarchical Level Code	IG	“21” - Information Receiver		
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in this Hierarchical Structure.		
			R	LOOP 2100B - INFORMATION RECEIVER NAME				
50 & 7A	NM1		R	Information Receiver Name				
		NM101	R	Entity Identifier Code	*	“1P” - Provider “80” - Hospital “FA” - Facility		
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity		
		NM103	S	Name Last or Organization Name	IG	Information Receiver Last or Organization Name		

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM104	S	Name First	IG	Information Receiver First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Information Receiver Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Information Receiver Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	*	“SV” - Service Provider Number	The Alaska Medical Assistance system can only validate the Medicaid Provider ID Number, It’s not necessary to populate the Information Receiver Additional Identification segment (below) when the Medicaid Provider ID Number is populated in NM109.
		NM109	R	Identification Code	*	Information Receiver Identification Number	Enter the Alaska Medical Assistance Provider ID Number here.
54	REF		S	Information Receiver Additional Identification			This segment is not applicable for Alaska Medical Assistance. Complete the primary identification in NM108/ NM109 above.
57	N3		S	Information Receiver Address			This segment is not applicable for Alaska Medical Assistance.
58	N4		S	Information Receiver City/State/Zip Code			This segment is not applicable for Alaska Medical Assistance.
60	PER		S	Information Receiver Contact Information			This segment is not applicable for Alaska Medical Assistance.
64	PRV		S	Information Receiver Provider Information			This segment is not applicable for Alaska Medical Assistance.
			R	LOOP 2000C - SUBSCRIBER LEVEL			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as the subscriber for all HIPAA transactions.

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
66	HL		R	Subscriber Level			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	HL02 identifies the hierarchical ID number of the Loop 2000B or Receiver Level HL segment to which the current HL segment is subordinate.
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	*	“0” - No Subordinate HL Segment in this Hierarchical Structure.	Always enter ‘0’ here, as Alaska Medical Assistance does not use the Dependent HL segment level.
69	TRN		S	Subscriber Trace Number			No number will be assigned by Alaska Medical Assistance, but if a billing agent assigns and submits a number here, it will be returned in the TRN segment of the 271 response transaction.
		TRN01	R	Trace Type Code	IG	“1” - Current Transaction Trace Numbers	
		TRN02	R	Reference Identification	IG	Trace Number	
		TRN03	R	Originating Company Identifier	IG	Trace Assigning Entity Identifier	
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	
				LOOP 2100C - SUBSCRIBER NAME			For Alaska Medical Assistance, the patient is considered as the subscriber for all HIPAA transactions.
71	NM1		R	Subscriber Name			
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber	
		NM102	R	Entity Type Qualifier	*	“1” - Person	
		NM103	S	Name Last or Organization Name	*	Subscriber Last Name	Although this is a situational data segment, it is strongly recommended that recipient name is provided, especially if the request does not include the unique Alaska Medical Assistance recipient identification number.
		NM104	S	Name First	*	Subscriber First Name	See above.
		NM105	S	Name Middle	*	Subscriber Middle Name	See above.

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM107	S	Name Suffix	IG	Subscriber Name Suffix Required if known.	
		NM108	S	Identification Code Qualifier	*	"MI" - Member Identification Number	Enter 'MI' here as the patient/subscriber identification number is assigned by the payer.
		NM109	S	Identification Code	*	Subscriber Primary Identifier	Enter the recipient's Medical Assistance Program ID number here.
74	REF		S	Subscriber Additional Identification			
		REF01	R	Reference Identification Qualifier	*	"F6" - Health Insurance Claim (HIC) Number "SY" - Social Security Number	The recipient's Social Security Number is the preferred unique identification number that is contained in the Alaska Medical Assistance system. Other values may be submitted in this field, but the only unique identifiers Alaska Medical Assistance may be able to use in identifying the patient are F6 and SY.
		REF02	R	Reference Identification	*	Subscriber Supplemental Identifier	
77	N3		S	Subscriber Address			This segment is not applicable for Alaska Medical Assistance.
78	N4		S	Subscriber City/State/Zip Code			This segment is not applicable for Alaska Medical Assistance.
80	PRV		S	Provider Information			This segment is not applicable for Alaska Medical Assistance.
83	DMG		S	Subscriber Demographic Information			
		DMG01	S	Date Time Period Format Qualifier	IG	"D8" - Date Expressed in Format CCYYMMDD	
		DMG02	S	Date Time Period	*	Subscriber Birth Date	Enter Recipient's Date of Birth here. Although this is a situational data segment, it is strongly recommended that date of birth is provided, especially if request does not include the unique Alaska Medical Assistance recipient identification number.

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		DMG03	S	Gender Code	X	Subscriber Gender Code “F” - Female “M” - Male		
85	INS		S	Subscriber Relationship			This segment is not applicable for Alaska Medical Assistance.	
87	DTP		S	Subscriber Date				
		DTP01	R	Date/Time Qualifier	*	Date Time Qualifier “307” - Eligibility		
		DTP02	R	Date/Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
		DTP03	R	Date Time Period	IG	Use this Date for dates as qualified by preceding data elements.	Enter the date/date range for which Alaska Medical Assistance eligibility information is being requested. If no date is provided, eligibility information as of the current date (transaction date) will be returned in the 271 response transaction.	
			S	LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
89 & 8A	EQ		S	Subscriber Eligibility or Benefit Inquiry Information				
		EQ01	S	Service Type Code	IG	Code Identifying the classification of Service <See IG List>	At this time, the Alaska Medical Assistance system is only able to support the generic request for eligibility (service type code 30). All service type codes will be accepted, but only service type code 30 will be returned.	
		EQ02	S	Composite Medical Procedure Identifier	X		At this time, the Alaska Medical Assistance system does not support the level of functionality for specific inquiries based on procedure code or coverage level code. Refer to eligibility code lists and lists of covered services within provider billing manuals for this information or contact Provider Inquiry.	

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EQ02-1	R	Product/ Service ID Qualifier	X	Product or Service ID Qualifier	See above.
		EQ02-2	R	Product/Service ID	X	Procedure Code	See above.
		EQ02-3	S	Procedure Modifier	X	Procedure Modifier 1	See above.
		EQ02-4	S	Procedure Modifier	X	Procedure Modifier 2	See above.
		EQ02-5	S	Procedure Modifier	X	Procedure Modifier 3	See above.
		EQ02-6	S	Procedure Modifier	X	Procedure Modifier 4	See above.
		EQ03	S	Coverage Level Code	X	Benefit Coverage Level Code	See above.
		EQ04	S	Insurance Type Code	X	Code identifying the type of insurance policy within a specific insurance program	See above.
99	AMT		S	Subscriber Spend Down Amount			At this time, the Alaska Medical Assistance system does not support the level of functionality for specific inquiries about Spend Down. The recipient or their Public Assistance case worker can supply this information.
101	III		S	Subscriber Eligibility or Benefit Additional Inquiry Information			At this time, the Alaska Medical Assistance system does not support the level of functionality for specific inquiries based on diagnosis code or industry code. Refer to provider billing manuals for this information or contact Provider Inquiry.
104	REF		S	Subscriber Additional Information			At this time, it is not necessary to provide this information in order to request generic eligibility.
106	DTP		S	Subscriber Eligibility/Benefit Date			
		DTP01	R	Date/Time Qualifier	*	Date Time Qualifier “307” - Eligibility	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		DTP03	R	Date Time Period	IG	Use this Date for dates as qualified by preceding data elements.	Enter the date/date range for which Alaska Medical Assistance eligibility information is being requested. If no date is provided, eligibility information as of the current date (transaction date) will be returned in the 271 response transaction. The date time period reflected here will override the prior DTP03 segment if date/date range in both DPT03 segments differ.
			S	LOOP 2000D - Dependent Level			Dependent Loop is not Applicable for Alaska Medical Assistance since the patient is considered as the subscriber for all HIPAA transactions.
147	SE		R	Transaction Set Trailer			
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set	
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number (Transaction Set Control Number in ST02 and SE02 must be identical)	
B.10	GE		R	Function Group Trailer			
		GE01	R	Number of Transaction Set Included	IG	Number of Transaction Sets Included	
		GE02	R	Group Control Number	IG	Group Control Number (GE02 must be identical to the associated Functional Group Header GS06)	
B.7	IEA		R	Interchange Control Trailer			
		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	
		IEA02	R	Interchange Control Number	IG	Interchange Control Number (IEA02 must be identical to the associated Interchange Header ISA13)	