

Appendix VII

Alaska 271 Eligibility Benefit Response Instructions

Revision History

Date	Location	Revision
12/29/03	Entire Appendix	Initial release of 271 Appendix
9/14/04	Pg VI-3 (before instructions table)	Added paragraph about loops returned based on information received in request
	GS03 (Functional Group Header)	Updated Usage Details and Expected Value
	Loop 2000A: AAA	Updated Additional Instructions
	Loop 2100B: AAA and AAA01	Updated Additional Instructions
	Loop 2100C: N3, N4, PER, AAA03, and AAA04	Updated Additional Instructions
	Medicaid Loop 2110C: MSG01	Updated Additional Instructions
	TPL Loop 2120C: NM101	Updated Usage Details and Expected Value
	Lock-in Loop 2120C: NM101 and NM102	Updated Usage Details and Expected Value
	GE02 (Function Group Trailer)	Updated Usage Details and Expected Value

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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.	

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When a 270 request is received that includes an eligibility request for one of the following: Medicaid, Medicare, TPL, and LTC, there is at least one loop created for each occurrence whether recipients or providers are eligible or not. If the Alaska Medicaid cannot return coverage for the requested dates, you will receive a loop specifying inactive eligibility (EB01 = 6). If a specific date range was requested, there may be more than one segment of active eligibility for any one of them (EB01 = 1). Typically there is only one date of eligibility specified. Thus, there is typically only one loop of eligibility/ineligibility for each type of coverage.

The only time Lock-In information is returned is if the recipient has been locked in to a specific provider. Otherwise, no lock-in eligibility or ineligibility is given.

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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		R	Interchange Control Header			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	‘00’ in this element identifies “No Authorization Information Present” in ISA02 element.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	‘00’ in this element identifies “No Security Information Present” in ISA04 element.
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	*	“AKMEDICAID FHSC”	‘AKMEDICAID FHSC’ in this element identifies the Alaska Medical Assistance Sender ID.
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	IG	Identification code published by the receiver of data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.	The information that was sent in the ISA06 segment of the original 270 Inquiry transaction will be returned 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 will be identical to the associated Interchange Trailer IEA02)	This number is assigned by Alaska Medical Assistance and it will be identical to the associated Interchange Trailer (IEA02).
		ISA14	R	Acknowledgment Requested	*	“0” - No Acknowledgment Requested “1” – Interchange Acknowledgement Requested	Alaska Medical Assistance is not expecting an acknowledgement for this transaction but may request acknowledgement(s) on a case-by-base basis.

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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	A value of “T” will be returned for test data transactions. A value of “P” will be returned for production transactions.
		ISA16	R	Component Element Separator	*	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.	Alaska Medical Assistance will use a “>” (greater than sign) as the Component Element Separator.
	GS		R	Functional Group Header			
		GS01	R	Functional Identifier Code	*	“ HB ” - Eligibility, Coverage or Benefit Information	
		GS02	R	Application Sender’s Code	*	“ AKMEDICAID FHSC ”	‘AKMEDICAID FHSC’ in this element identifies the Alaska Medical Assistance Sender’s Code.
		GS03	R	Application Receiver’s Code	IG	Code identifying party originating the 270 request using codes agreed to by trading partners	The information that was sent in the GS02 segment of the 270 Inquiry transaction will be returned here. This is the submitter ID number assigned by Alaska Medical Assistance.
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number	This number is assigned by Alaska Medical Assistance and it will 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”	
154	ST		R	Transaction Set Header			
		ST01	R	Transaction Set Identifier Code	IG	“271” - Eligibility, Coverage or Benefit Information.	
		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.)	This unique number is assigned by Alaska Medical Assistance.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
156	BHT		R	Beginning Of Hierarchical Transaction				
		BHT01	R	Hierarchical Structure Code	IG	“0022” - Information Source, Information Receiver, Subscriber, Dependent		
		BHT02	R	Transaction Set Purpose Code	IG	“11” - Response		
		BHT03	S	Reference Identification	IG	Submitter Transaction Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction. If no value was received in the 270 transaction, nothing will be returned.	
		BHT04	R	Date	IG	Transaction Set Creation Date	This is the date Alaska Medical Assistance created the 271 Response transaction. Date expressed as CCYYMMDD.	
		BHT05	R	Time	*	“HHMM” - Transaction Set Creation Time	This is the time of day Alaska Medical Assistance created the 271 Response transaction. Time is expressed in 24-hour clock time as follows: HHMMSSDD.	
			R	LOOP 2000A - INFORMATION SOURCE LEVEL				
158	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 will begin with “1” and will be incremented by one each time an HL is used in the transaction.	
		HL03	R	Hierarchical Level Code	IG	“20” - Information Source		
		HL04	R	Hierarchical Child Code	IG	“0” - No Subordinate HL Segment in this Hierarchical Structure or “1” - Additional Subordinate HL Segment in this Hierarchical Structure		
160	AAA		S	Request Validation			This segment will not be used by Alaska Medical Assistance.	
			R	LOOP 2100A - INFORMATION SOURCE NAME				
163	NM1		R	Information Source Name				
		NM101	R	Entity Identifier Code	*	“PR” - Payer		

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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	Alaska Medical Assistance is a non-person entity.
		NM103	S	Name Last or Organization Name	*	Information Source Last or Organization Name	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction. If no value was received in the 270 transaction, nothing will be returned.
		NM104	S	Name First	X	Information Source First Name	Not Applicable for Alaska Medical Assistance.
		NM105	S	Name Middle	X	Information Source Middle Name	Not Applicable for Alaska Medical Assistance.
		NM107	S	Name Suffix	X	Information Source Name Suffix	Not Applicable for Alaska Medical Assistance.
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	‘AKMEDICAID FHSC’ in this element identifies the Alaska Medical Assistance as Information Source.
166	REF		S	Information Source Additional Identification			This segment will not be used by Alaska Medical Assistance.
169	PER		S	Information Source Contact Information			This segment will not be used by Alaska Medical Assistance. Refer to the earlier narrative portion of the Alaska Trading Partner Companion Guide for contact information.
172	AAA		S	Request Validation			Not applicable to Alaska MMIS as source information needs no validation.
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
			S	LOOP 2000B - INFORMATION RECEIVER LEVEL			
175	HL		S	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 will begin with '1' and will be incremented by one each time an HL 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.
		HL03	R	Hierarchical Level Code	IG	"21" - Information Receiver	
		HL04	R	Hierarchical Child Code	IG	"0" - No Subordinate HL segment in this Hierarchical Structure "1" - Additional Subordinate HL Segment in this Hierarchical Structure	
			R	LOOP 2100B - INFORMATION RECEIVER NAME			
178	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	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
		NM103	S	Name Last or Organization Name	IG	Information Receiver Last or Organization Name	See above.
		NM104	S	Name First	IG	Information Receiver First Name	See above.
		NM105	S	Name Middle	IG	Information Receiver Middle Name	See above.
		NM107	S	Name Suffix	IG	Information Receiver Name Suffix	See above.
		NM108	R	Identification Code Qualifier	IG	Information Receiver Identification Qualifier "SV" – Service Provider Number	Any valid value received in the 270 Inquiry transaction will be accepted but value 'SV' – Service Provider Number is expected and other values may cause delay or validation error.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		NM109	R	Identification Code	IG	Information Receiver Identification Number	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction. If no value was received in the 270 transaction, nothing will be returned. Any value received in the 270 Inquiry transaction will be accepted but a valid Alaska Medical Assistance provider ID number is expected and other values will cause a validation error.	
182	REF		S	Information Receiver Additional Identification			The Alaska Medical Assistance Companion Guide for the 270 Inquiry transaction indicates that this segment is not applicable; therefore, nothing will be returned in the 271 for this segment.	
184	AAA		S	Information Receiver Request Validation				
		AAA01	R	Yes/No Condition or Response	IG	Valid Request Indicator “N” - No “Y” - Yes		
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	If the provider is not eligible during the period for which information is requested, reject reason code ‘50’ (Provider Ineligible for Inquiries) will be returned; the information requested will not be returned.	
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>		
			S	LOOP 2000C - SUBSCRIBER LEVEL				
187	HL		S	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 will begin with ‘1’ and will be incremented by one each time an HL 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.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	*	“0” - No Subordinate HL Segment in this Hierarchical Structure or	
190	TRN		S	Subscriber Trace			
		TRN01	R	Trace Type Code	*	“2” - Referenced Transaction Trace Numbers	The term ‘Referenced Transaction Trace Numbers’ refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.
		TRN02	R	Reference Identification	IG	Trace Number	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
		TRN03	R	Originating Company Identification	IG	Trace Assigning Entity Identifier	See above.
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	See above.
			R	LOOP 2100C - SUBSCRIBER NAME			
193	NM1		R	Subscriber Name			
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	
		NM103	S	Name Last or Organization Name	IG	Subscriber Last Name	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
		NM104	S	Name First	IG	Subscriber First Name	See above.
		NM105	S	Name Middle	IG	Subscriber Middle Name	See above.
		NM107	S	Name Suffix	X	Subscriber Name Suffix	See above.
		NM108	S	Identification Code Qualifier	*	“MI” - Member Identification Number	MI will be entered here to designate that a unique Alaska Medical Assistance Recipient ID number is used by the payer/information source to identify the subscriber (patient).

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM109	S	Identification Code	*	Subscriber Primary Identifier	The Alaska Medical Assistance Recipient ID Number as it was received in the 270 Inquiry transaction. If no other value was received in the 270 transaction, either nothing will be returned or the Alaska Medical Assistance system will return the Recipient ID number that matches one unique recipient record according to other identifying information supplied in the 270 transaction (such as Social Security Number, name & date of birth, etc).
196 & 10A	REF		S	Subscriber Additional Identification			
		REF01	R	Reference Identification Qualifier	IG	Subscriber Supplement Identifier Qualifier <See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
		REF02	R	Reference Identification	IG	Subscriber Supplement Identifier	See above.
		REF03	S	Description	X	Plan Sponsor Name	Not Applicable for Alaska Medical Assistance.
200	N3		S	Subscriber Address			At this time, the Alaska Medical Assistance system does not support the level of functionality to support recipients' requests for restrictions and/or requests for confidential communications, therefore, information will not be supplied in this segment.
201	N4		S	Subscriber City/State/Zip Code			At this time, the Alaska Medical Assistance system does not support the level of functionality to support recipients' requests for restrictions and/or requests for confidential communications, therefore, information will not be supplied in this segment.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
203	PER		S	Subscriber Contact Information			At this time, the Alaska Medical Assistance system does not support the level of functionality to support recipients' requests for restrictions and/or requests for confidential communications, therefore, information will not be supplied in this segment.
207	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator "N" - No "Y" - Yes	
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	<p>A '42' will be returned if the Alaska Medical Assistance system files are closed or unable to process. The provider/trading partner should resend their request.</p> <p>A '52' will be returned if the provider was not enrolled with Alaska Medicaid for the dates requested in the 270</p> <p>A '56' will be returned if the value reported in the 270 Request (DTP03 Loop 2100C) is not a valid date or is a future date.</p> <p>A '71' will be returned if the patient date of birth submitted in the 270 Request does not match that on the Alaska Medical Assistance System Recipient file.</p> <p>A '72' will be returned if the Recipient SSN number was not found on the Alaska Medical Assistance System Recipient file.</p> <p>A '73' will be returned if the Recipient Name reported in the (Subscriber/Insured name) 270 Request does not match exactly with one unique Recipient in the Alaska Medical Assistance System Recipient file.</p> <p>A '75' will be returned if the Recipient</p>

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
							number was not found on the Alaska Medical Assistance System Recipient file. A '76' will be returned if the Recipient's last name and date of birth search returns more than one match.
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>	A 'C' will be returned when AAA03 is '52' '56', '71', '72', '73', '75', or '76'. An 'R' is returned when AAA03 is '42'.
210	DMG		S	Subscriber Demographic Information			
		DMG01	S	Date Time Period Format Qualifier	IG	"D8" - Birth Date Expressed in Format CCYYMMDD	
		DMG02	S	Date Time Period	IG	Subscriber Birth Date	The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
		DMG03	S	Gender Code	IG	Subscriber Gender Code "F" - Female "M" - Male "U" - Unknown	See above.
212	INS		S	Subscriber Relationship			The Alaska Medical Assistance Companion Guide for the 270 Inquiry transaction indicates that this segment is not applicable; therefore, nothing will be returned in the 271 for this segment.
216	DTP		S	Subscriber Date			
		DTP01	R	Date/Time Qualifier	IG	Date Time Qualifier "307" - Eligibility	At this time, the Alaska Medical Assistance system is only able to support generic requests for eligibility based on the dates submitted in the DPT03 element Loop 2100C or Loop 2110C of the 270 Request transaction.
		DTP02	R	Date Time Period Format Qualifier	IG	"RD8" - Date Expressed in Format CCYYMMDD-CCYYMMDD "D8" - Date Expressed in Format CCYYMMDD	

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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	Date Time Period	Defaults to today's date if no date is present in DTP03 element in either Loop 2100C or Loop 2110C on 270 Request transaction.
				MEDICAID			
			S	LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			
218 & 11A	EB		S	Subscriber Eligibility or Benefit Information			
		EB01	R	Eligibility or Benefit Information	*	"1" - Active Coverage "6" - Inactive Coverage	
		EB02	S	Coverage Level Code	*	Benefit Coverage Level Code "IND" - Individual	
		EB03	S	Service Type Code	*	"30" - Health Plan Benefit Coverage	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 on the 270 Inquiry transaction, but only service type code 30 will be returned on the 271 Response transaction.
		EB04	S	Insurance Type Code	*	"MC" - Medicaid	
		EB05	S	Plan Coverage Description	*	A description or number that identifies the plan or coverage	This field will report the Alaska Medical Assistance Eligibility Code and Subtype in the following layout: XX-XX
		EB06	S	Time Period Qualifier	X		At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.
		EB07	S	Monetary Amount	X	Benefit Amount	See above.
		EB08	S	Percent	X	Benefit Percent	See above.
		EB09	S	Quantity Qualifier	X	Code Specifying the type of Quantity Refer page 229 of I.G. for valid values	See above.
		EB10	S	Quantity	X	Benefit Quantity	See above.
		EB11	S	Yes/No Condition or Response Code	X	Authorization or Certification Indicator	See above.
		EB12	S	Yes/No Condition or Response Code	X	In Plan Network Indicator	See above.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB13	S	Composite Medical Procedure Identifier	X		See above.
		EB13-1	R	Product/Service ID Qualifier	X	Product or Service ID Qualifier Refer page 231 of I.G. for valid values	See above.
		EB13-2	R	Product/Service ID	X	Procedure Code	See above.
		EB13-3	S	Procedure Modifier	X	Procedure Modifier 1	See above.
		EB13-4	S	Procedure Modifier	X	Procedure Modifier 2	See above.
		EB13-5	S	Procedure Modifier	X	Procedure Modifier 3	See above.
		EB13-6	S	Procedure Modifier	X	Procedure Modifier 4	See above.
233	HSD		S	Health Care Services Delivery			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.
238	REF		S	Subscriber Additional Identification			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.
240	DTP		S	Subscriber Eligibility/Benefit Date			
		DTP01	R	Date/Time Qualifier	*	“307” - Eligibility	
		DTP02	R	Date Time Period Format Qualifier	*	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	*	Eligibility or Benefit Date Time Period	Eligibility or Benefit Begin and End Date based on date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
242	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	Reject Reason Code <See IG List>	A ‘56’ will be returned for an invalid date.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code <See IG List>		
244	MSG		S	Message Text				
		MSG01	R	Free-Form Message Text	X	Free Form Message Text	Eligibility code and Subtype.	
			S	LOOP 2115C - SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION				
246	III		S	Subscriber Eligibility or Benefit Additional Information			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.	
			S	LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				
249	LS		S	Loop Header				
		LS01	R	Loop Identifier Code	IG	“2120”		
			S	LOOP 2120C - SUBSCRIBER BENEFIT RELATED ENTITY NAME				
250	NM1		S	Subscriber Benefit Related Entity Name			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information. This segment is not applicable to report Medical Assistance eligibility but may be completed in later repeats to report Third Party Resources and to identify Long Term Care Providers or Primary Care Lock-in Providers as applicable.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
254	N3		S	Subscriber Benefit Related Entity Address			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information. This segment is not applicable to report Medical Assistance eligibility but may be completed in later repeats to report Third Party Resources and to identify Long Term Care Providers or Primary Care Lock-in Providers as applicable.
255	N4		S	Subscriber Benefit Related City/State/Zip Code			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information. This segment is not applicable to report Medical Assistance eligibility but may be completed in later repeats to report Third Party Resources and to identify Long Term Care Providers or Primary Care Lock-in Providers as applicable.
257	PER		S	Subscriber Benefit Related Entity Contact Information			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.
261 & 12A	PRV		S	Subscriber Benefit Related Provider Information			At this time, the Alaska Medical Assistance system does not support the level of functionality to supply this information.
264	LE		S	Loop Trailer			
		LE01	R	Loop Identifier Code	IG	“2120”	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
				THIRD-PARTY LIABILITY			Loops 2110C through 2120C will be repeated to report the existence of Third Party Liability coverage for the recipient. The Alaska Medical Assistance system shows that the recipient has other insurance coverage through the source identified. Trading partners may confirm coverage with the other carriers directly. The Alaska Medical Assistance program will not make payment on claims until the other carrier is billed and provides payment or denial information. Any discrepancies concerning the existence of this coverage may be addressed by the recipient to their Division of Public Assistance caseworker.
				LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			
218 & 11A	EB		S	Subscriber Eligibility or Benefit Information			
		EB01	R	Eligibility or Benefit Information	*	“1” - Active Coverage “6” - Inactive Coverage	
		EB02	S	Coverage Level Code	*	Benefit Coverage Level Code “IND” - Individual	
		EB03	S	Service Type Code	*	“30” - Health Plan Benefit Coverage	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 on the 270 Inquiry transaction, but only service type code 30 will be returned on the 271. Response transaction when reporting Third Party Resource coverage.
		EB04	S	Insurance Type Code	*	“OT” - Other	Indicates Third Party Liability Coverage exists for this recipient.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB05	S	Plan Coverage Description	X	A description or number that identifies the plan or coverage	
		EB06	S	Time Period Qualifier	X	Refer Page 228 of I.G. for valid values	Not Applicable for reporting TPL.
		EB07	S	Monetary Amount	X	Benefit Amount	Not Applicable for reporting TPL.
		EB08	S	Percent	X	Benefit Percent	Not Applicable for reporting TPL.
		EB09	S	Quantity Qualifier	X	Code Specifying the type of Quantity Refer page 229 of I.G. for valid values	Not Applicable for reporting TPL.
		EB10	S	Quantity	X	Benefit Quantity	Not Applicable for reporting TPL.
		EB11	S	Yes/No Condition or Response Code	X	Authorization or Certification Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting TPL.
		EB12	S	Yes/No Condition or Response Code	X	In Plan Network Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting TPL.
		EB13	S	Composite Medical Procedure Identifier	X		Not Applicable for reporting TPL.
		EB13-1	R	Product/Service ID Qualifier	X	Product or Service ID Qualifier Refer page 231 of I.G. for valid values	Not Applicable for reporting TPL.
		EB13-2	R	Product/Service ID	X	Procedure Code	Not Applicable for reporting TPL.
		EB13-3	S	Procedure Modifier	X	Procedure Modifier 1	Not Applicable for reporting TPL.
		EB13-4	S	Procedure Modifier	X	Procedure Modifier 2	Not Applicable for reporting TPL.
		EB13-5	S	Procedure Modifier	X	Procedure Modifier 3	Not Applicable for reporting TPL.
		EB13-6	S	Procedure Modifier	X	Procedure Modifier 4	Not Applicable for reporting TPL.
233	HSD		S	Health Care Services Delivery			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.
238	REF		S	Subscriber Additional Identification			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
238	REF		S	Subscriber Additional Identification			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.
240	DTP		S	Subscriber Eligibility/Benefit Date			
		DTP01	R	Date/Time Qualifier	*	“307” - Eligibility	
		DTP02	R	Date Time Period Format Qualifier	*	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	*	Eligibility or Benefit Date Time Period	TPL Eligibility or Benefit Begin and End Date based on the date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
242	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	If there is problem reading the TPL file, a reject will be sent.
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	A ‘56’ will be returned for an invalid date.
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>	
244	MSG		S	Message Text			This Segment Not Applicable For Third-Party Liability.
LOOP 2115C – SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION							
246	III		S	Subscriber Eligibility or Benefit Additional Information			This Segment Not Applicable For Third-Party Liability.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION							
249	LS		S	Loop Header			
		LS01	R	Loop Identifier Code	IG	“2120”	
LOOP 2120C – SUBSCRIBER BENEFIT RELATED ENTITY NAME							
250	NM1		S	Subscriber Benefit Related Entity Name			
		NM101	R	Entity Identifier Code	*	Entity Identifier Code list <See IG List>	
		NM102	R	Entity Type Qualifier	*	“2” - Non-Person Entity	
		NM103	S	Name Last or Organization Name	*	Benefit Related Entity Last or Organization Name	Carrier Name
		NM104	S	Name First	X	Benefit Related Entity First Name	Not Applicable for reporting TPL.
		NM105	S	Name Middle	X	Benefit Related Entity Middle Name	Not Applicable for reporting TPL.
		NM107	S	Name Suffix	X	Benefit Related Entity Name Suffix	Not Applicable for reporting TPL.
		NM108	S	Identification Code Qualifier	*	“NI” - NAIC Identification	
		NM109	S	Identification Code	*	Benefit Related Entity Identifier	
254	N3		S	Subscriber Benefit Related Entity Address			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.
255	N4		S	Subscriber Benefit Related City/State/Zip Code			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.
257	PER		S	Subscriber Benefit Related Entity Contact Information			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
261 & 12A	PRV		S	Subscriber Benefit Related Provider Information			The Alaska Medical Assistance program cannot supply this information concerning the coverage by a third party. Contact the third party resource directly for this information.
264	LE		S	Loop Trailer			
		LE01	R	Loop Identifier Code	IG	“2120”	
				MEDICARE			
				LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			
218 & 11A	EB		S	Subscriber Eligibility or Benefit Information			
		EB01	R	Eligibility or Benefit Information	*	“1” - Active Coverage “6” - Inactive Coverage	
		EB02	S	Coverage Level Code	*	Benefit Coverage Level Code “IND” - Individual	
		EB03	S	Service Type Code	*	“30” - Health Plan Benefit Coverage	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 on the 270 Inquiry transaction, but only service type code 30 will be returned on the 271 Response transaction when reporting Medicare coverage.
		EB04	S	Insurance Type Code	*	“MA” - Medicare Part A “MB” - Medicare Part B	If both are present, then two separate Medicare loops will be returned.
		EB05	S	Plan Coverage Description	X	A description or number that identifies the plan or coverage	Not Applicable for reporting Medicare Eligibility.
		EB06	S	Time Period Qualifier	X	Refer Page 228 of I.G. for valid values	Not Applicable for reporting Medicare Eligibility.
		EB07	S	Monetary Amount	X	Benefit Amount	Not Applicable for reporting Medicare Eligibility.
		EB08	S	Percent	X	Benefit Percent	Not Applicable for reporting Medicare Eligibility.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB09	S	Quantity Qualifier	X	Code Specifying the type of Quantity Refer page 229 of I.G. for valid values	Not Applicable for reporting Medicare Eligibility.
		EB10	S	Quantity	X	Benefit Quantity	Not Applicable for reporting Medicare Eligibility.
		EB11	S	Yes/No Condition or Response Code	X	Authorization or Certification Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting Medicare Eligibility.
		EB12	S	Yes/No Condition or Response Code	X	In Plan Network Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting Medicare Eligibility.
		EB13	S	Composite Medical Procedure Identifier	X		Not Applicable for reporting Medicare Eligibility.
		EB13-1	R	Product/Service ID Qualifier	X	Product or Service ID Qualifier Refer page 231 of I.G. for valid values	Not Applicable for reporting Medicare Eligibility.
		EB13-2	R	Product/Service ID	X	Procedure Code	Not Applicable for reporting Medicare Eligibility.
		EB13-3	S	Procedure Modifier	X	Procedure Modifier 1	Not Applicable for reporting Medicare Eligibility.
		EB13-4	S	Procedure Modifier	X	Procedure Modifier 2	Not Applicable for reporting Medicare Eligibility.
		EB13-5	S	Procedure Modifier	X	Procedure Modifier 3	Not Applicable for reporting Medicare Eligibility.
		EB13-6	S	Procedure Modifier	X	Procedure Modifier 4	Not Applicable for reporting Medicare Eligibility.
233	HSD		S	Health Care Service Delivery			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
238	REF		S	Subscriber Additional Identification			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
240	DTP		S	Subscriber Eligibility/Benefit Date				
		DTP01	R	Date/Time Qualifier	*	“307” - Eligibility		
		DTP02	R	Date Time Period Format Qualifier	*	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD		
		DTP03	R	Date Time Period	*	Eligibility or Benefit Date Time Period	Medicare Eligibility or Benefit Begin and End Date based on the date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.	
242	AAA		S	Subscriber Request Validation				
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes		
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	A ‘56’ will be returned for an invalid date.	
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>		
244	MSG		S	Message Text			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.	
				LOOP 2115C - SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION				
246	III		S	Subscriber Eligibility or Benefit Additional Information			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.	
				LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				
249	LS		S	Loop Header				
		LS01	R	Loop Identifier Code	IG	“2120”		

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
LOOP 2120C - SUBSCRIBER BENEFIT RELATED ENTITY NAME							
250	NM1		S	Subscriber Benefit Related Entity Name			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
254	N3		S	Subscriber Benefit Related Entity Address			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
255	N4		S	Subscriber Benefit Related City/State/Zip Code			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
257	PER		S	Subscriber Benefit Related Entity Contact Information			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
261 & 12A	PRV		S	Subscriber Benefit Related Provider Information			The Alaska Medical Assistance program cannot supply this information concerning Medicare coverage. Contact Medicare directly for this information.
264	LE		S	Loop Trailer			
		LE01	R	Loop Identifier Code	IG	“2120”	
LONG-TERM CARE							Loops 2110C through 2120C will be used to report information for recipients in a Long-term Care facility and to identify the facility.
LTC information response is not the same as granting authorization.							
LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION							

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
218 & 11A	EB		S	Subscriber Eligibility or Benefit Information			
		EB01	R	Eligibility or Benefit Information	*	“1” - Active Coverage “6” - Inactive Coverage	
		EB02	S	Coverage Level Code	*	Benefit Coverage Level Code “IND” - Individual	
		EB03	S	Service Type Code	*	“30” - Health Plan Benefit Coverage	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 on the 270 Inquiry transaction, but only service type code 30 will be returned on the 271 Response transaction when reporting the Medical Assistance recipient’s long-term care status.
		EB04	S	Insurance Type Code	*	“LC” - Long Term Care	
		EB05	S	Plan Coverage Description	X	A description or number that identifies the plan or coverage	Not Applicable for reporting long-term care eligibility status.
		EB06	S	Time Period Qualifier	X	Refer Page 228 of I.G. for valid values	Not Applicable for reporting long-term care eligibility status.
		EB07	S	Monetary Amount	X	Benefit Amount	Not Applicable for reporting long-term care eligibility status.
		EB08	S	Percent	X	Benefit Percent	Not Applicable for reporting long-term care eligibility status.
		EB09	S	Quantity Qualifier	X	Code Specifying the type of Quantity Refer page 229 of I.G. for valid values	Not Applicable for reporting long-term care eligibility status.
		EB10	S	Quantity	X	Benefit Quantity	Not Applicable for reporting long-term care eligibility status.
		EB11	S	Yes/No Condition or Response Code	X	Authorization or Certification Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting long-term care eligibility status.
		EB12	S	Yes/No Condition or Response Code	X	In Plan Network Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting long-term care eligibility status.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB13	S	Composite Medical Procedure Identifier	X		Not Applicable for reporting long-term care eligibility status.
		EB13-1	R	Product/Service ID Qualifier	X	Product or Service ID Qualifier Refer page 231 of I.G. for valid values	Not Applicable for reporting long-term care eligibility status.
		EB13-2	R	Product/Service ID	X	Procedure Code	Not Applicable for reporting long-term care eligibility status.
		EB13-3	S	Procedure Modifier	X	Procedure Modifier 1	Not Applicable for reporting long-term care eligibility status.
		EB13-4	S	Procedure Modifier	X	Procedure Modifier 2	Not Applicable for reporting long-term care eligibility status.
		EB13-5	S	Procedure Modifier	X	Procedure Modifier 3	Not Applicable for reporting long-term care eligibility status.
		EB13-6	S	Procedure Modifier	X	Procedure Modifier 4	Not Applicable for reporting long-term care eligibility status.
233	HSD		S	Health Care Services Delivery			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status.
238	REF		S	Subscriber Additional Identification			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status.
240	DTP		S	Subscriber Eligibility/Benefit Date			
		DTP01	R	Date/Time Qualifier	*	“307” - Eligibility	
		DTP02	R	Date Time Period Format Qualifier	*	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	*	Eligibility or Benefit Date Time Period	Long-term Care Eligibility status or Benefit Begin and End Date based on date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
242	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	

Refer to <http://alaska.fhsc.com> for current version
Appendix VII—Alaska 271 Eligibility Benefit Response Instructions

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	A '56' will be returned for an invalid date.
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>	
244	MSG		S	Message Text			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status.
LOOP 2115C – SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION							
246	III		S	Subscriber Eligibility or Benefit Additional Information			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status.
LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION							
249	LS		S	Loop Header			
		LS01	R	Loop Identifier Code	IG	“2120”	
LOOP 2120C - SUBSCRIBER BENEFIT RELATED ENTITY NAME							
250	NM1		S	Subscriber Benefit Related Entity Name			
		NM101	R	Entity Identifier Code	*	“13” - Contracted Service Provider	
		NM102	R	Entity Type Qualifier	*	“1” - Person	
		NM103	S	Name Last/Organization Name	*	Benefit Related Entity Last or Organization Name	Returned from the Alaska Medical Assistance system Provider file.
		NM104	S	Name First	IG	Benefit Related Entity First Name	Returned from the Alaska Medical Assistance system Provider file.
		NM105	S	Name Middle	IG	Benefit Related Entity Middle Name	Returned from the Alaska Medical Assistance system Provider file.
		NM107	S	Name Suffix	X	Benefit Related Entity Name Suffix	Not Applicable for Alaska Medical Assistance.
		NM108	S	Identification Code Qualifier	X	“SV” - Service Provider Number	
		NM109	S	Identification Code	X	Benefit Related Entity Identifier	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
254	N3		S	Subscriber Benefit Related Entity Address			This Segment is Not Applicable For Reporting Long-Term Care Eligibility Status.
255	N4		S	Subscriber Benefit Related City/State/Zip Code			This Segment is Not Applicable For Reporting Long-Term Care Eligibility Status.
257	PER		S	Subscriber Benefit Related Entity Contact Information			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status
261 & 12A	PRV		S	Subscriber Benefit Related Provider Info.			This Segment Not Applicable For Reporting Long-Term Care Eligibility Status
264	LE		S	Loop Trailer			
		LE01	R	Loop Identifier Code	IG	“2120”	
				LOCK-IN INFORMATION			Loops 2110C through 2120C will be repeated to report recipients who are in the Primary Care Lock-in program. Except for medical emergency care, these recipients are restricted to services rendered by or referred by the provider identified in Loop 2120C. (See Appendix E of Provider Billing Manuals.)
				LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			
218 & 11A	EB		S	Subscriber Eligibility or Benefit Information			
		EB01	R	Eligibility or Benefit Information	*	“N” - Restricted to following Provider	‘N’ represents Lock-In Restrictions.
		EB02	S	Coverage Level Code	*	Benefit Coverage Level Code “IND” - Individual	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB03	S	Service Type Code	*	“30” - Health Plan Benefit Coverage	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 on the 270 Inquiry transaction, but only service type code 30 will be returned on the 271 Response transaction when reporting the Medical Assistance recipient’s Primary Care/Lock-in Program Status.
		EB04	S	Insurance Type Code	X		Not Applicable for reporting Primary Care/Lock-in Program status.
		EB05	S	Plan Coverage Description	X	A description or number that identifies the plan or coverage	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB06	S	Time Period Qualifier	X	Refer Page 228 of I.G. for valid values	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB07	S	Monetary Amount	X	Benefit Amount	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB08	S	Percent	X	Benefit Percent	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB09	S	Quantity Qualifier	X	Code Specifying the type of Quantity Refer page 229 of I.G. for valid values	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB10	S	Quantity	X	Benefit Quantity	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB11	S	Yes/No Condition or Response Code	X	Authorization or Certification Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB12	S	Yes/No Condition or Response Code	X	In Plan Network Indicator “N” - No “Y” - Yes “U” - Unknown	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13	S	Composite Medical Procedure Identifier	X		Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13-1	R	Product/Service ID Qualifier	X	Product or Service ID Qualifier Refer page 231 of I.G. for valid values	Not Applicable for reporting Primary Care/Lock-in Program status.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		EB13-2	R	Product/Service ID	X	Procedure Code	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13-3	S	Procedure Modifier	X	Procedure Modifier 1	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13-4	S	Procedure Modifier	X	Procedure Modifier 2	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13-5	S	Procedure Modifier	X	Procedure Modifier 3	Not Applicable for reporting Primary Care/Lock-in Program status.
		EB13-6	S	Procedure Modifier	X	Procedure Modifier 4	Not Applicable for reporting Primary Care/Lock-in Program status.
233	HSD		S	Health Care Service Delivery			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
238	REF		S	Subscriber Additional Identification			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
240	DTP		S	Subscriber Eligibility/Benefit Date			
		DTP01	R	Date/Time Qualifier	*	“307” - Eligibility	
		DTP02	R	Date Time Period Format Qualifier	*	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	*	Eligibility or Benefit Date Time Period	Primary Care/Lock-in Program Eligibility Status or Benefit Begin and End Dates based on date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
242	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	Reject Reason Code list <See IG List>	A ‘56’ will be returned for an invalid date.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		AAA04	R	Follow-up Action Code	IG	Follow-up Action Code list <See IG List>	
244	MSG		S	Message Text			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
LOOP 2115C - SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION							
246	III		S	Subscriber Eligibility/Benefit Additional Information			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION							
249	LS		S	Loop Header			
			R	Loop Identifier Code	IG	“2120”	
LOOP 2120C - SUBSCRIBER BENEFIT RELATED ENTITY NAME							
250	NM1		S	Subscriber Benefit Related Entity Name			
		NM101	R	Entity Identifier Code	*	“13” - Contracted Service Provider	Returned from the Alaska Medical Assistance system Provider file.
		NM102	R	Entity Type Qualifier	*	“1” – Person “2” Non-Person Entity	Returned from the Alaska Medical Assistance system Provider file.
		NM103	S	Name Last or Organization Name	*	Benefit Related Entity Last Name	Returned from the Alaska Medical Assistance system Provider file.
		NM104	S	Name First	IG	Benefit Related Entity First Name	
		NM105	S	Name Middle	IG	Benefit Related Entity Middle Name	
		NM107	S	Name Suffix	X	Benefit Related Entity Name Suffix	Not Applicable for reporting Primary Care/Lock-in Program status.
		NM108	S	Identification Code Qualifier	*	“SV” - Service Provider Number	
		NM109	S	Identification Code	*	Benefit Related Entity Identifier	Lock-In Provider Number.
254	N3		S	Subscriber Benefit Related Entity Address			
		N301	R	Address Information	IG	Benefit Related Entity Address Line	Returned from the Alaska Medical Assistance system Provider file.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		N302	S	Address Information	IG	Benefit Related Entity Address Line	Returned from the Alaska Medical Assistance system Provider file.
255	N4		S	Subscriber Benefit Related City/State/Zip Code			
		N401	S	City Name	IG	Benefit Related Entity City Name	Returned from the Alaska Medical Assistance system Provider file.
		N402	S	State or Province Code	IG	Benefit Related Entity State Code	Returned from the Alaska Medical Assistance system Provider file.
		N403	S	Postal Code	IG	Benefit Related Entity Postal or Zip Code	Returned from the Alaska Medical Assistance system Provider file.
		N404	S	Country Code	X	Code identifying the country	Not Applicable for reporting Primary Care/Lock-in Program status.
		N405	S	Location Qualifier	X	Code identifying type of location “RJ” - Region	Not Applicable for reporting Primary Care/Lock-in Program status.
		N406	S	Location Identifier	X	Department of Defense Health Service Region Code	Not Applicable for reporting Primary Care/Lock-in Program status.
257	PER		S	Subscriber Benefit Related Entity Contact Information			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
261 & 12A	PRV		S	Subscriber Benefit Related Provider Information			This Segment Not Applicable For Reporting Primary Care/Lock-In Program Status.
264	LE		S	Loop Trailer			
		LE01	R	Loop Identifier Code	IG	“2120”	
341	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)	
	GE		R	Functional Group Trailer			
		GE01	R	Functional Identifier Code	IG	Number of Transaction Sets Included	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		GE02	R	Application Sender's Code	IG	Group Control Number (GE02 must be identical to the associated Functional Group Header GS06)	
	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)	