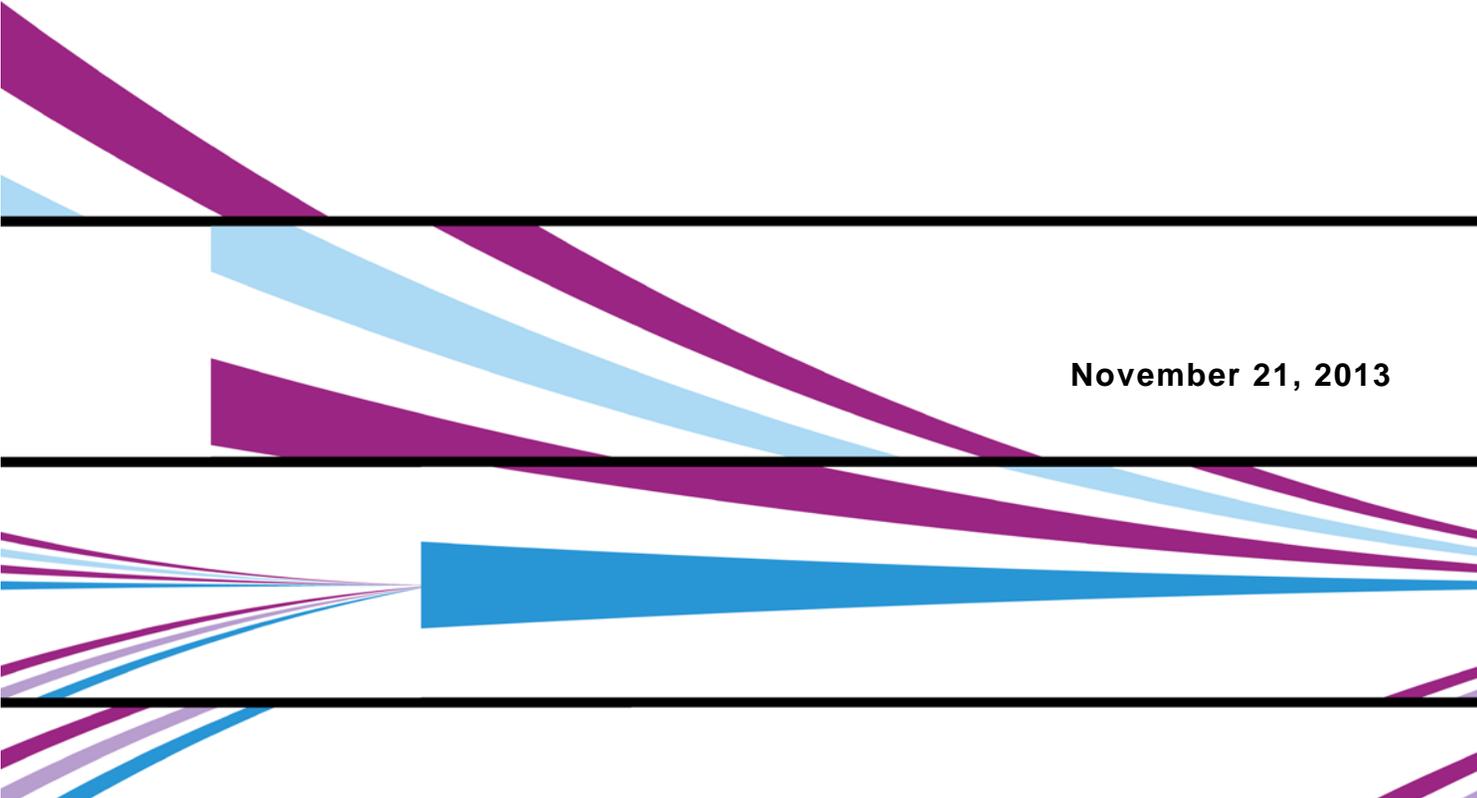


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***ANSI ASC X12N 270/271  
BENEFIT ELIGIBILITY INQUIRY/RESPONSE  
COLORADO MEDICAL ASSISTANCE PROGRAM  
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (DHCPF)  
COMPANION GUIDE***

**November 21, 2013**





XEROX EDI GATEWAY, INC.

**ANSI ASC X12N 270/271  
Benefit Eligibility Inquiry and Response  
Colorado Medical Assistance Program  
Department of Health Care Policy and Financing (DHCPF)  
Companion Guide**

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## Chapter 1 Introduction

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### Scope

This Companion Guide is intended for trading partner use in conjunction with the ASC X12N/005010X279 ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3), Health Care Eligibility Benefit Inquiry and Response (270/271). The ANSI ASC X12N TR3s can be accessed at <http://www.wpc-edi.com/>. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Xerox EDI Gateway, Inc. and specifies data clarification where applicable.

### Overview

Xerox EDI Gateway, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred

Health care plans that participate with Xerox EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically and processed. As an EDI gateway service, we provide connectivity to various health care plans and states where Xerox EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.



## Chapter 2 Transmission Methods

Trading partners are offered the following transmission methods:

### Asynchronous Dial-Up

Xerox EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. The HDE can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

#### Communication Protocols

Xerox currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

#### Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with Xerox are:

##### Telecommunications

Hayes-compatible 2400-56K BPS asynchronous modem.

##### File Format

ASCII text data.

##### Compression Techniques

PKZIP will compress one or more files into a single ZIP archive.

WINZIP will compress one or more files into a single ZIP archive.

Xerox accepts transmission with any of the above compression techniques, as well as non-compression files.

##### Data Format

8 data bit, 1 stop bit, no parity, full duplex.

##### Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and



a 16-bit or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

## Teleprocessing Settings

### ASCII Sending

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

### ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width.

### Terminal Emulation

VT100 or Auto.



## Transmission Procedures

### SUBMITTER

1. *Dials Xerox Host*

2. *Enters Login Name <CR>*

3. *Enters Password <CR>*

4. *Enters Desired Selection <CR>*

### HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the trading partner:

**“Please enter your Login=>”**

Receives User Name (Login Name) and sends to the trading partner:

**“Please enter your password=>”**

Receives Login and verifies if trading partner is an authorized user:

Sends HOST selection menu followed by a user prompt:

**“Please Select from the Menu Options Below =>”**

#### **#1. Electronic File**

**Submission:** Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the trading partner.

#### **#2. View Submitter Profile**

Allows submitters to view the transaction types for which they are currently enrolled.

#### **#3. Select File Transfer**

**Protocol:** Allows submitters to change the protocol for the current submission only. The protocol may be changed to **(K)**ermit, **(X)**Modem, **(Y)**Modem, or **(Z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[K,X,Y,Z]:**



*5. Enters "1" to send file <CR>*

**#4. Download Confirmation**

Allows submitters to download confirmation reports.

**#9. Exit & Disconnect:**

Terminates connection.

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

For Transmission Phone numbers please refer to Chapter 6.

## Interactive Transmissions

Interactive transmission may be submitted through the State's Provider Web Portal. The State's Provider Web Portal will include a File and Reports Service (FRS) for file and report retrieval. For information on the State's Provider Web Portal, go to the Provider Services Portal section of the Department's Web site at

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178>

If you have completed the EDI enrollment but have not received your Trading Partner Submitter login information, please call 1-800-237-0757. Otherwise, please complete and submit the EDI enrollment form located at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>

The State will follow-up on the enrollment process and send you the necessary user name and password for accessing the Web Portal. If you have not received your Web Portal information within two weeks, please call the State Security Administrator line at 303-866-4473.

## Batch Interactive Transmissions

If a trading partner submits more than five (5) eligibility verification batches per day, the sixth and all additional batches that day will be processed off cycle. This means that batches in excess of the five (5) will not receive a response within the normal 2-hour period.

The TR3 recommends trading partners limit requests to 99 per batch. Larger size limits will be considered on a "trading partner by trading partner" basis. Trading partners must request permission to submit batches larger than 99. The trading partner must have written permission from DHCPF. Those batches will be processed during off peak hours.



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The fiscal agent will monitor the volume of eligibility requests per Trading Partner ID (TP ID) on a weekly basis. TP IDs with high volumes will be identified and their eligibility requests will be processed during off peak hours



## Chapter 3 Transmission Responses

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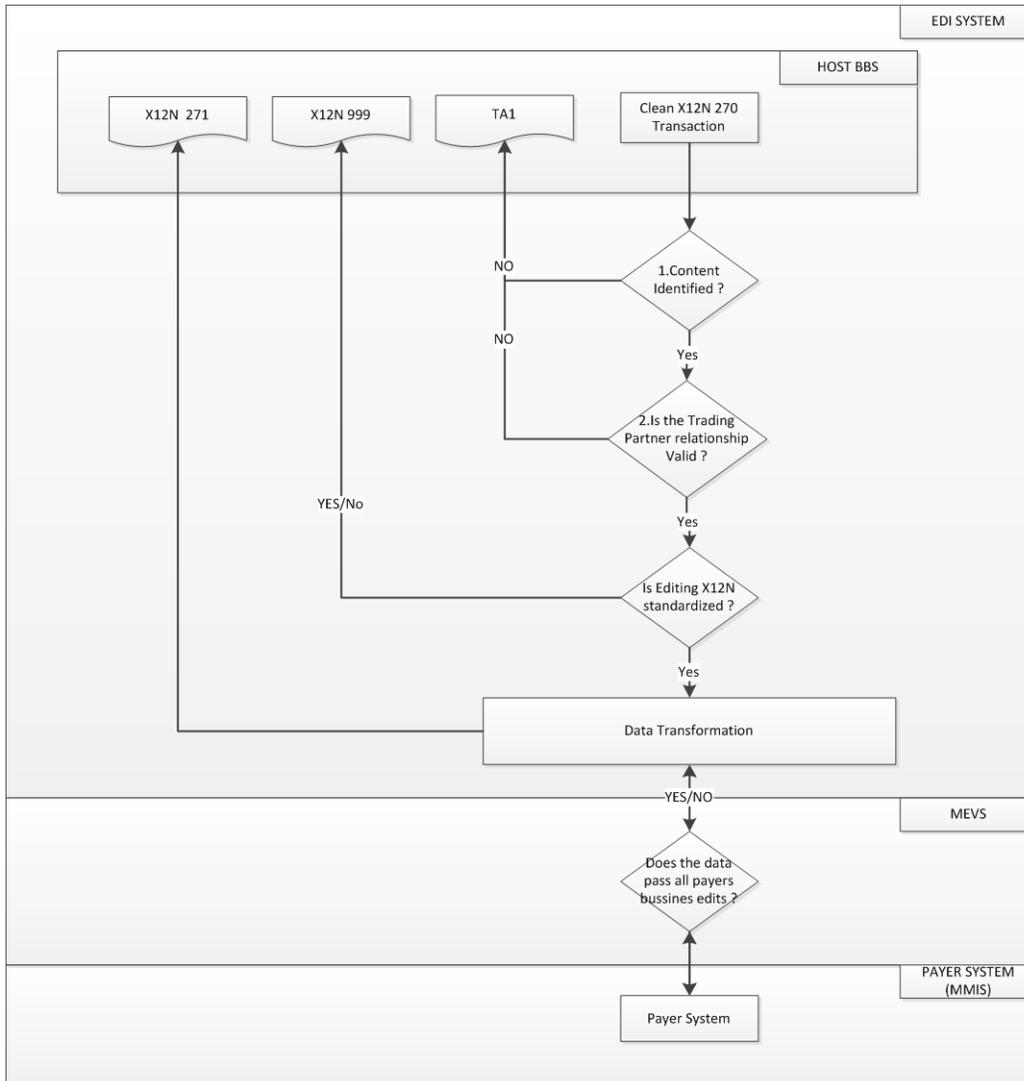
The X12N 270 transaction, requesting benefit eligibility information will be submitted to the Xerox EDI Gateway for processing. The Xerox clearinghouse validates submission of ANSI X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the Xerox system, the interchange will reject and a TA1 along with the data will be forwarded to a Xerox Business Analyst for review and follow-up with the sender.

If the file contains syntactical error(s), a negative X12N 999 Functional Acknowledgement will be generated, reporting the segment(s) and elements(s) where the error(s) occurred. The X12N 999 will be returned to the State's Provider Web Portal for retrieval by the trading partner.

If the file passes syntax validation, and the X12N 270 Request has processed, the Xerox clearinghouse will return an X12N 271 Response transaction containing benefit eligibility information via the State's Provider Web Portal.



## Editing and Validation Flow Diagram



### LEGEND:

- Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be forwarded to the Xerox clearinghouse call center for review and follow-up with the submitter. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
- Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be forwarded to the Xerox clearinghouse call center for review and follow-up with the submitter. If the trading partner relationship is valid, the data will pass for X12N syntax validation.
- X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12N 999 (Functional Acknowledgement) will be returned to the submitter. The X12N 999 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.
- Payer Business Edits:** Front-end editing of the data will occur. If the data passes this level, it will proceed to the payer system for processing. If the data fails payer business editing, an AAA segment is returned with the appropriate error code.
- Data Processed:** The data is processed. An ANSI ASC X12N 271 will be returned to the File and Report Service for submitter pickup.



## Transmission Errors and Reports

HIPAA not only gave the health care community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction TR3 compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains three levels where edits are present. The edit level the error occurs in designates rejection of an entire batch or a single file.

The three levels are:

- Interchange Level Errors
  - ISA and IEA
- Functional Group Level Results
  - GS and GE
- Transaction Set Level Syntax Results
  - ST and SE

In the description below, the three levels and their affiliated acceptance/rejection reports are discussed.

### Interchange Level Errors and TA1 Rejection Report

This edit is enforced by interchange level problems. These edits check the ISA and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1. In some cases, an error in the GS and GE can initiate a TA1 rejection. This will occur if the GS and GE envelope cannot be identified.

#### TA1-Interchange Acknowledgement

A TA1 is an ANSI ASC X12N Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g., the data is corrupt or the trading partner relationship does not exist within the Xerox system) the interchange will reject and a TA1, along with the data, will be forwarded to the Xerox EDI Gateway technical support for review and follow-up with the submitter.



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**EXAMPLE:**

The transaction was built with incorrect Interchange Control Number at the end of the transaction. Control Number for IEA02 does not match with ISA11

ISA\* 00\* \* 00\* \* ZZ\* TradingP.ID\* ZZ\*100000\* 110907\* 0728\* ^\* 00501\* **00000136**\* 1\*  
T\*:~

GS\*HS\*TradingP.ID\*77016\*20110907\*0728\*20\*X\*005010X0279A1~

ST\*270\*0001\*005010X279A1~  
BHT\*0022\*13\*16784\*20110907\*0728~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*CO Medical Assistance\*\*\*\*\*PI\*77016~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*TEST\*HARPREET\*\*\*\*XX\*0123456789~  
HL\*3\*2\*22\*0~  
NM1\*IL\*1\*\*\*\*\*MI\*A123456~  
DMG\*D8\*20090101~  
DTP\*291\*RD8\*20110801-20110907~  
EQ\*30~  
SE\*12\*0001~

ST\* 270\*0001\*005010X279A1~  
BHT\*0022\*13\*16784\*20110907\*0728~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*CO Medical Assistance\*\*\*\*\*PI\*77016~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*TEST\*HARPREET\*\*\*\*XX\*0123456789~  
HL\*3\*2\*22\*0~  
NM1\*IL\*1\*\*\*\*\*MI\*A123456~  
DMG\*D8\*20090101~  
DTP\*291\*RD8\*20110801-20110907~  
EQ\*30~  
SE\*12\*0001~

GE\*1\*20~

IEA \*1\***000001036**~

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N 270/271 Implementation Guide.



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## Functional Group Level Errors and 999 Rejection Report

Xerox clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, is generated when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 **REJECT** is generated if the file contained syntactical errors. The segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 270/271 TR3. Trading Partner Agreement between Xerox EDI Gateway and the trading partners requires this method of acknowledgement.



**EXAMPLE:**

The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 as Functional Group contains two GS to GE transactions.

**ISA**\* 00\* \* 00\* \* ZZ\* TradingP.ID\* ZZ\*100000\* 110907\* 0728\* ^\* 00501\* 000000136\* 1\*  
T\*::~~

**GS**\*HS\*TradingP.ID\*77016\*20110907\*0728\* 20\*X\*005010X279A1~

**ST**\*270\*0001\*005010X279A1~  
**BHT**\*0022\*13\*16784\*20110907\*0728~  
**HL**\*1\*\*20\*1~  
**NM1**\*PR\*2\*CO Medical Assistance\*\*\*\*\*PI\*77016~  
**HL**\*2\*1\*21\*1~  
**NM1**\*1P\*1\*TEST\*HARPREET\*\*\*\*XX\*0123456789~  
**HL**\*3\*2\*22\*0~  
**NM1**\*IL\*1\*\*\*\*\*MI\*A123456~  
**DMG**\*D8\*20090101~  
**DTP**\*291\*RD8\*20110801-20110907~  
**EQ**\*30~  
**SE**\*12\*0001~

**ST**\*270\*0001\*005010X279A1~  
**BHT**\*0022\*13\*16784\*20110907\*0728~  
**HL**\*1\*\*20\*1~  
**NM1**\*PR\*2\*CO Medical Assistance\*\*\*\*\*PI\*77016~  
**HL**\*2\*1\*21\*1~  
**NM1**\*1P\*1\*TEST\*HARPREET\*\*\*\*XX\*0123456789~  
**HL**\*3\*2\*22\*0~  
**NM1**\*IL\*1\*\*\*\*\*MI\*A123456~  
**DMG**\*D8\*20090101~  
**DTP**\*291\*RD8\*20110801-20110907~  
**EQ**\*30~  
**SE**\*12\*0001~

**GE**\*1\*1~

**IEA**\*1\*000000136~

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N 207/271 Implementation Guide.



## Transaction Set Level Syntax Results and X12N 999 Rejection Report

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level *will result in the entire transaction being rejected*. However, if the *functional group* consists of additional transaction sets without errors, these will be processed. The rejections are reported on an X12N 999.

### X12N 999-Functional Acknowledgement

Xerox clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, is generated when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 270/271 TR3. Trading Partner Agreement between Xerox EDI Gateway and the trading partners requires this method of acknowledgement.



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**EXAMPLE:**

The following example was built with incorrect Payer ID. The Payer ID for Colorado Medical Assistance Programs is 77016.

**ISA**\* 00\* \* 00\* \* ZZ\* TradingP.ID\* ZZ\*100000\* 110907\* 0728\* ^\* 00501\* 000000136\* 1\*  
T\*:-~

**GS**\*HS\*TradingP.ID\*77016\*20110907\*0728\* 20\*X\*005010X279A1~

ST\*270\*0001\*005010X279A1~

BHT\*0022\*13\*16784\*20110907\*0728~

HL\*1\*\*20\*1~

NM1\*PR\*2\*CO Medical Assistance\*\*\*\*PI\***77028**~

HL\*2\*1\*21\*1~

NM1\*1P\*1\*TEST\*HARPREET\*\*\*\*XX\*0123456789~

HL\*3\*2\*22\*0~

NM1\*IL\*1\*\*\*\*\*MI\*A123456~

DMG\*D8\*20090101~

DTP\*291\*RD8\*20110801-20110907~

EQ\*30~

SE\*12\*0001~

**GE**\*1\*20~

**IEA** \*1\*000000136~

For additional information regarding the X12N 999, please refer to Appendix B in the ANSI ASC X12N 270/271 Implementation Guide.



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## Chapter 4 Data Retrieval Methods

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### File and Reports Services

The State's Provider Web Portal will include a File and Reports Service for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using a login and password assigned to them. For information on the State's Provider Web Portal, go to <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178>



## Chapter 5 Testing

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Completion of the testing process must occur prior to electronic submission to Xerox EDI Gateway. Assistance from EDI Support Unit representatives is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to Xerox's system. Also, changes to the ANSI formats may require additional testing.

In order to expedite testing, Xerox EDI Gateway requires providers to submit all X12N test transactions to EDIFECS prior to submitting them to Xerox EDI Gateway. The EDIFECS service is free to providers for Colorado Medical Assistance Programs to certify X12N readiness. EDIFECS offers submission and rapid result turn-around 24 hours a day, 7 days a week. For more information, providers can log on to the Colorado specific EDIFECS service at <http://www.hipaadesk.com/>. During Pilot Submitter Testing an EDI Support Unit representative may be contacted at 1-800-237-0757 to answer questions related to EDIFECS, testing, enrollment, and companion guides.

### Pilot Submitter Testing Procedure

After the initial phone interview with the pilot submitter, the EDI Support Unit representative will direct the pilot submitter to the EDIFECS website where the submitter may deliver their X12N test files for analysis. Each test file will be analyzed based on the seven types of testing defined by WEDI SNIP. The submitter will be required to address any errors discovered by EDIFECS during this interrogation before moving on to the next stage of testing with the clearinghouse. After EDIFECS has approved each test file for a particular pilot submitter, the EDI Support Unit representative will schedule a communications test with them. They will also work with them to verify connectivity with both the EDI Gateway and the Host Data Exchange (HDE) following successful completion of this test effort, a testing schedule will be established for each pilot submitter.

Upon receipt of the test files, the EDI Support Unit representative will track each file through the clearinghouse to ensure that all data is transformed properly, and all functions within the EDI Gateway are working as designed. The EDI Support Unit representative will advise the pilot submitter of any problems with the content of the test file, as well as, any problems within the clearinghouse that are discovered during this test phase. If issues are discovered that require a change within the clearinghouse, a second round of testing will be scheduled with that pilot submitter. The timeframe for retest will be dependent on the complexity of the change needed, as well as consideration for the appropriate amount of time needed for unit, systems, and regression testing.



The next stage of pilot submitter testing will occur after all issues have been resolved and all test files have been successfully executed by a particular pilot submitter. At this point, the test file will be run through the clearinghouse and delivered on through to the Colorado Medicaid Management Information System (MMIS) for processing. The Colorado MMIS testing team will provide feedback to EDI Support Unit representative who will in turn keep pilot submitters updated on the status of their test files.

The EDI Support Unit representative will also verify that the pilot submitter does not have any additional questions or concerns before completing the test.

### **General Testing Procedures for the Trading Partners**

Trading partner testing is designed to ensure transactions submitted to Xerox EDI Gateway are properly formatted and may be processed through the Xerox clearinghouse system to the Colorado MMIS.

Software vendors are required to test all transactions supported by their products successfully before distributing their products for use. Trading partners that elect to use an approved software vendor are exempt from testing.

Trading partner testing will consist of a combination of Xerox clearinghouse error checks by an EDI Support Unit representative. These tests verify a trading partner's ability to submit a specific transaction type containing valid data in the required format. Once all tests are passed, the partner is approved for production.



## Chapter 6 Payer Specific Data

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### EDI Support

Xerox has an Electronic Data Interchange (EDI) Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the EDI Support Unit:

- Assistance with enrollment
- Explanation of the various EDI submission methods
- Assistance with EDI transmission problems
- Assistance with approved Software Vendor verification

The EDI Support Unit is available to all Colorado Medical Assistance Programs clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-237-0757.

### Enrollment Information

Any entity sending an electronic eligibility verification request to Xerox EDI Gateway for processing where reports and responses will be delivered must complete a Provider Enrollment package or Submitter Enrollment package. This package provides the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic eligibility verification request submission. You may obtain an enrollment package by contacting Xerox State Healthcare at 1-800-237-0757 or by downloading it from our website at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>.

Acrobat Reader supports this form. It must be printed, completed and mailed or faxed to the appropriate address /fax number listed on the form.

### Transmission Telephone Number

Xerox provides availability for electronic transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1.800.334.2832 or 1.800.334.4650.



## Tracking Transmission/Production Problems

Please have the following information available when calling the EDI Support Unit regarding transmission and production issues.

**Trading Partner ID:** Your Trading Partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the EDI Support Unit.

**Logon Name and Logon User ID:** These allow asynchronous trading partners access to the host system for eligibility verification request submission. The EDI Support Unit uses this information to reference your submitted data.

### Highlights

To promote efficient, accurate electronic eligibility verification request submission processing, please note:

- Each user is assigned a Xerox EDI Trading Partner ID.
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Colorado Medical Assistance Programs Provider IDs are eight characters long.
- The Xerox EDI-assigned Payer ID for Colorado Medical Assistance Programs is **77016**. Transmissions without this value in the appropriate fields will not be processed.



## Chapter 7 X12N 270/271 Benefit Eligibility Inquiry/Response Transactions - V5010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the TR3 that provide options

The following are access methods supported by Colorado Medical Assistance Programs:

1. Access by Client ID for subscriber and DOB (**Preferred Method**)
2. Access by Last Name, First Name and DOB
3. Access by Social Security Number, First Name and Last Name
4. Access by Social Security Number and DOB

Many of the data clarifications included in this Companion Guide represent business requirements, not standardization requirements. Inclusion of “Business-Required” clarifications may contribute to more efficient transaction processing.

*\*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N TR3 for this transaction.*

*\*The ANSI ASC X12N 270/271 TR3 recommends that trading partners limit requests to 99 per batch. X12 larger size limits will be considered on a “trading partner by trading partner” basis. Transactions with greater than 99 per batch may be processed at off-peak hours. In these cases, the responses will be processed overnight and will be available the following day.*

### X12N 270 Eligibility Request

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	01	Enter '00'
C.4	Interchange Control Header	ISA	02	This data element should be blank
C.4	Interchange Control Header	ISA	03	Enter '00'
C.4	Interchange Control Header	ISA	04	This data element should be blank
C.4	Interchange Control Header	ISA	05	Enter 'ZZ' for mutually defined



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	06	Enter your Xerox EDI Trading Partner ID
C.5	Interchange Control Header	ISA	07	Enter 'ZZ' for mutually defined
C.5	Interchange Control Header	ISA	08	Enter '100000'
C.5	Interchange Control Header	ISA	09	Enter the Interchange date formatted YYMMDD
C.5	Interchange Control Header	ISA	10	Interchange Time formatted HHMM
C.5	Interchange Control Header	ISA	11	Enter '^' (Interchange Control Standards Identifier)
C.5	Interchange Control Header	ISA	12	Enter '00501' (Interchange Version Control Number)
C.5	Interchange Control Header	ISA	13	Enter Interchange Control Number This must be identical to the associated Interchange Trailer in IEA02
C.6	Interchange Control Header	ISA	14	Enter one of the following values: '0' No acknowledgement requested '1' Interchange acknowledgement requested
C. 6	Interchange Control Header	ISA	15	Enter one of the following values: 'T' Test data 'P' Production data
C. 6	Interchange Control Header	ISA	16	List your component element separator here Note: the separator indicated in ISA16 must be used consistently throughout the file in segments where composites are given
C.10	Interchange Control Trailer	IEA	01	Total number of Functional Group included in Interchange
C.10	Interchange Control Trailer	IEA	02	Interchange Control Number A control number assigned by the Interchange Sender



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*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.7	Functional Group Header	GS	01	Enter 'HS' – Eligibility Coverage or Benefit Inquiry
C.7	Functional Group Header	GS	02	Your Xerox EDI Trading Partner ID will be returned on the 271 transaction
C.7	Functional Group Header	GS	03	'77016' will be returned on the 271 transaction
C.7	Functional Group Header	GS	04	Enter Functional Group Creation Date expressed in CCYYMMDD format
C.8	Functional Group Header	GS	05	Enter Creation Time
C.8	Functional Group Header	GS	06	Enter Group Control Number-this number must be identical to the same data element in the associated functional group trailer Note: Ensuring that this number is unique for every GS-GE, will allow for accurate researching of data if needed
C.8	Functional Group Header	GS	07	Enter 'X' (Accredited Standards Committee X12)
C.8	Functional Group Header	GS	08	Enter '005010X279' (Version/Release/Industry Identifier Code)
C.9	Functional Group Trailer	GE	01	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
C.9	Functional Group Trailer	GE	02	Assigned number originated and maintained by the sender.  The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header,GS06.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
61	Transaction Set Header	ST	02	Enter control number that must be unique within the transaction set. Functional group assigned by the originator for a transaction set.  Note: Ensuring that this number is the same for every ST-SE, will allow for accurate researching of data if needed.
64	Header	BHT	02	Enter '13' (Request)
67	2000A	HL	01	Hierarchical ID Number Begin with number '1' and increment by '1' for each successive occurrence of the HL segment within that specific set (ST through SE)
67	2000A	HL	03	'20' ( Information Source)
68	2000A	HL	04	'1' ( Additional Subordinate HL Data Segment in This Hierarchical Structure)
69	2100A	NM1	01	Enter 'PR' (Payer)
70	2100A	NM1	02	Enter '2' (Non-Person Entity)
70	2100A	NM1	03	Enter 'CO Medical Assistance Programs
71	2100A	NM1	08	Enter 'PI' (Payer Identification)
71	2100A	NM1	09	Enter '77016'
73	2000B	HL	01	"2" ( increment by '1' for each successive occurrence of the HL segment within that specific set (ST through SE)
73	2000B	HL	02	'1' = Hierarchical Parent Number ( This code is to identify the specific information Source to which this information Receiver is subordinate)
74	2000B	HL	03	'21' = Information Receiver
74	2000B	HL	04	'1' = Additional Subordinate HL Data Segment in This Hierarchical Structure.



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*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
76	2100B	NM1	03	Enter Information Receiver Last or Organization Name
77	2100B	NM1	08	For Non-Healthcare Providers (Non-Covered Entities) enter the following value: Enter 'SV' (Service Provider Number) For Healthcare Providers (Covered Entities) enter the following value: 'XX' Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use.
78	2100B	NM1	09	For Non-Healthcare Providers (Non-Covered Entities) enter the following value: Enter the 8-digit Colorado Medical Assistance Programs Provider ID assigned For Healthcare Providers (Covered Entities) enter the following value: Enter the 10-digit National Provider ID
82	2100B	N4		Enter Provider City Name
83	2100B	N4		Enter Provider State Name
83	2100B	N4		Enter Provider Zip +4
84-85	2100B	PRV		The code identifying the type of provider.
85	2100B	PRV		'PXC' Health Care Provider Taxonomy Code.
85	2100B	PRV		Provider taxonomy code/ specialty code
88	2000C	HL		'3' ( increment by '1' for each successive occurrence of the HL segment within that specific set (ST through SE)
88	2000C	HL		'2' = Hierarchical Parent Number ( This code is to identify the specific information Source to which this information Receiver is subordinate)



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89	2000C	HL		'22' = Subscriber
89	2000C	HL	04	Enter '0' The client is always the patient; therefore, the dependent level will not be utilized.
90	2000C	TRN	01	1 - Current Transaction Trace Numbers
91	2000C	TRN	02	Use this number for the trace or reference number assigned by the information receiver or clearinghouse.
91	2000C	TRN	03	Trace Assigning Entity Identifier
91	2000C	TRN	04	Trace Assigning Entity Additional Identifier
93	2100C	NM1	03	Enter subscriber's last name
93	2100C	NM1	04	Enter Subscriber First Name
94	2100C	NM1	05	Enter Subscriber Middle Name or Initial
95	2100C	NM1	08	Use only code 'MI' (Member ID Number)
96	2100C	NM1	09	Enter the 7-digit Colorado Medical Assistance Programs Client ID number.
98-99	2100C	REF	01	Enter 'SY'(Social Security Number)
99	2100C	REF	02	Please send the client's 9-digit social security number. Colorado Medical Assistance Programs will utilize a client's SSN as search criteria and can ensure an accurate match.
108	2100C	DMG	01	Enter D8 Date Expressed in Format CCYYMMDD
108	2100C	DMG	02	Colorado Medical Assistance Programs requires the client's date of birth as search criteria for processing eligibility requests.
109	2100C	DMG	03	F Female M Male
123	2100C	DTP	01	Enter '291'(Plan)



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123	2100C	DTP	03	Enter the date for the date(s) as qualified by the preceding data elements.
125-130	2110C	EQ	01	Enter '30' (Health Benefit Plan Coverage) for Generic Inquiry. Enter any Service Type Code from the '52 Service Type Codes' for Explicit Inquiry. Refer to Appendix A for a complete listing of all 52 Service Type Codes. If the Service Type Code submitted is not one of the 52 codes listed in Appendix A, the response will be the same as submission of a type "30" request. Colorado Medical Assistance Programs will support both Generic and Explicit Inquiry.



## X12N 271 Eligibility Response

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	01	'00' will be returned.
C.4	Interchange Control Header	ISA	02	This data element will be blank.
C.4	Interchange Control Header	ISA	03	'00' will be returned.
C.4	Interchange Control Header	ISA	04	This data element will be blank.
C.4	Interchange Control Header	ISA	05	'ZZ' for mutually defined will be returned on the 271 transaction.
C.4	Interchange Control Header	ISA	06	'100000' will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	07	'ZZ' for mutually defined will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	08	Your Xerox EDI Trading Partner ID will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	09	Interchange date formatted YYMMDD will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	10	Interchange Time formatted HHMM will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	11	Enter '^' (Interchange Control Standards Identifier)
C.5	Interchange Control Header	ISA	12	'00501' (Interchange Version Control Number) will be returned on the 271 transaction.
C.5	Interchange Control Header	ISA	13	Interchange Control Number will be returned on the 271 transaction.
C.6	Interchange Control Header	ISA	14	One of the following values will be returned on the 271 transaction: '0' No acknowledgement requested '1' Interchange acknowledgement requested



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*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C. 6	Interchange Control Header	ISA	15	One of the following values will be returned on the 271 transaction: 'T' Test data 'P' Production data
C. 6	Interchange Control Header	ISA	16	Your component element separator will be returned here.
C.10	Interchange Control Trailer	IEA	01	Total number of Functional Group included in Interchange.
C.10	Interchange Control Trailer	IEA	02	Interchange Control Number A control number assigned by the Interchange Sender
C.7	Functional Group Header	GS	01	'HB' – Eligibility Coverage or Benefit Information will be returned on the 271 transaction.
C.7	Functional Group Header	GS	02	Your Xerox EDI Trading Partner ID will be returned on the 271 transaction.
C.7	Functional Group Header	GS	03	'77016' will be returned.
C.7	Functional Group Header	GS	04	Functional Group Creation Date expressed in CCYYMMDD format will be returned.
C.8	Functional Group Header	GS	05	Creation Time will be returned.
C.8	Functional Group Header	GS	06	Group Control Number- will be returned.
C.8	Functional Group Header	GS	07	'X' (Accredited Standards Committee X12) will be returned.
C.8	Functional Group Header	GS	08	'005010X279' (Version/Release/Industry Identifier Code) will be returned.
C.9	Functional Group Trailer	GE	01	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element



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C.9	Functional Group Trailer	GE	02	Assigned number originated and maintained by the sender  The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
211-212	Header	BHT	02	'11' (Response) will be returned.
212	Header	BHT	03	This identification connects the X12N 270 inquiry with the X12N 271 response. This information will be returned in cases of a real time transaction.
216	2000A	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '04' The transaction exceeded the allowed number of requests. '41' The entity identified in the GS02 data element is not authorized to send an X12N 270 transaction. '42' System problem, cannot respond at this time. '79' The ID number in either GS02 or GS03 is invalid.
216-217	2000A	AAA	04	Colorado Medical Assistance Programs will return one of the following Follow-up Action Codes: 'C' Correct and Resubmit 'N' Resubmission not allowed 'P' Resubmit the original transaction
218	2100A	NM1		The same information that was sent in the X12N 270 will be returned in the X12N 271.
222	2100A	PER		If the Eligibility Request could not be completed at this level, this segment will be returned with EDI contact information. If the Eligibility Request is valid, this segment will be returned with Provider Services contact information.



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227-228	2100A	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '79' The Information Source Identifier is invalid '80' No Response Received – Transaction terminated 'T4' The identifier information for the Information Source is missing
228	2100A	AAA	04	Colorado Medical Assistance Programs will return one of the following Follow-up Action Codes: 'C' Correct and Resubmit 'Y' Do Not Resubmit; we will hold your request and respond again shortly.
232	2100B	NM1		The same information that was sent in the X12N 270 will be returned in the X12N 271.
233	2100B	NM1	03	Information Receiver Last or Organization Name
235	2100B	NM1	09	Information Receiver Identification Number
236	2100B	REF		If this information is received in the X12N 270, then it will be returned in the X12N 271.
238	2100B	AAA	01	'Y" will be populated on 271 response
239	2100B	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '51 Provider not on File '50' Provider Ineligible for Inquiries
239-240	2100B	AAA	04	'N' Resubmission Not Allowed will be used
245	2000C	HL	03	'22' will be returned on 271 response back for subscriber
245	2000C	HL	04	Colorado Medical Assistance Programs assigns each client with his or her own identification number. '0 or '1' code will be returned on 271 response.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
247-248	2000C	TRN	01	Colorado Medical Assistance Programs will return one of the following Trace Type Codes: '1' will be returned if an EDI trace number is returned in the TRN02. '2' will be returned if a Trace Number was received in the X12N 270.
248	2000C	TRN	02	If a Trace Number was received in the X12N 270, then the original Trace Number will be returned here.
248	2000C	TRN	03	If TRN01 is "1", use this information to identify the organization that assigned this trace number.  If TRN01 is "2", this is the value received in the original 270 transaction.
248	2000C	TRN	04	Trace Assigning Entity Additional Identifier Required when TRN01 = "2" and this element was used in the corresponding 270 TRN segment.
249	2100C	NM1	01	'IL' will be returned on 271 request for Insured or subscriber
250	2100C	NM1	02	'1' Will be returned on 271 request for a person
250	2100C	NM1	03	Enter Subscriber Last Name
250	2100C	NM1	04	Enter Subscriber First Name
250	2100C	NM1	05	Enter Subscriber Middle Name or Initial
251	2100C	NM1	08	Colorado Medical Assistance Programs will return 'MI', Member Identification Number.
252	2100C	NM1	09	Colorado Medical Assistance Programs will return the client ID number as found in Medicaid's eligibility files. If the X12N 271 is returned with the AAA segment, then the client ID that was received on the X12N 270 will be returned.



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254-255	2100C	REF	01	'SY' Social Security Number will be returned.
256	2100C	REF	02	Subscriber Supplemental Identifier - Use this information for the reference number as qualified by the preceding data element (REF01).
257	2100C	N3		Colorado Medical Assistance Programs will return the client's address information as found in Medicaid's eligibility files.
260	2100C	N4		Colorado Medical Assistance Programs will return the client's city/state/zip information as found in Medicaid's eligibility files.
263-264	2100C	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '56' - DOS > 12 mos '58' - Invalid DOB '62' - Date of Service Not within Allowable Inquiry Period '63' - Future Service Dt '72' - Invalid/Missing Subscriber/Insured ID '73' - Invalid/Missing Subscriber/insured Name '75' - Member not on file '76' - Duplicate Keys
264	2100C	AAA	04	Colorado Medical Assistance Programs will return one of the following Follow-up Action Codes: 'C' Correct and Resubmit 'N' Resubmission Not Allowed
268	2100C	DMG		Colorado Medical Assistance Programs will return the client's demographic information as found in Medicaid's eligibility files.



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269	2100C	DMG	02	Subscriber Birth Date
269	2100C	DMG	03	Subscriber Gender Code F Female M Male U Unknown
283-284	2100C	DTP	01	First iteration of the segment will return code '356' – Eligibility Begin Date. Second iteration of the segment will return code '357' – Eligibility End Date.
284	2100C	DTP	03	Use this date for the date(s) as qualified by the preceding data elements.
291-292	2110C	EB	01	Colorado Medical Assistance Programs will return one of the following codes to identify the eligibility information: '1' Active Coverage '6' Inactive 'B' Co-Payment 'L' Primary Care Provider 'MC' Managed Care Coordinator 'R' Other or Additional Payer 'V' Cannot Process 'N' Services Restricted to the following Provider
292-293	2110C	EB	02	Colorado Medical Assistance Programs will return Coverage Level Code 'IND' for Individual.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
93-298	2110C	EB	03	<p>Colorado Medical Assistance Programs will return one of the following TPL Service Type Codes:</p> <ul style="list-style-type: none"> <li>'5' Diagnostic Lab</li> <li>'18' DME Rental (includes all types of DME)</li> <li>'35' Dental</li> <li>'42' Home Health Care</li> <li>'48' Hospital Inpatient</li> <li>'50' Hospital Outpatient</li> <li>'56' Medically Related Transportation</li> <li>'68' EPSDT</li> <li>'81' Routine Physical</li> <li>'88' Pharmacy</li> <li>'96' Professional (Physician)</li> <li>'A4' Psychiatric</li> <li>'A7' Psychiatric Inpatient</li> <li>'AG' Skilled Nursing Care</li> </ul> <p>For Generic Inquiry a 271 response will display 12 mandatory service type codes.</p> <p>Refer to Appendix A for the codes and description of the mandatory 12 required service type codes for the HIPAA Operating Rules, the service types are highlighted in green for easy reference within the appendix.</p> <p>For Explicit inquiry the requested service type will be displayed in 271 response.</p> <p>Refer to Appendix A for a complete listing of all applicable Service Types.</p> <p>Eligibility Type '017'- CHIP PLUS: For Generic Inquiry and Explicit Inquiry a 271 response will be displayed only STC'30'- Health Benefit Plan Coverage.</p>



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				<p>If the Service Type Code inquired in the 270 eligibility request is not among the list of the 52 Service Type Codes- Consider the 270 request as a Generic Inquiry and a 271 response will be displayed 12 mandatory Service Type Codes.</p> <p>If the Client tied to MHASA or TPL. A 271 response will be displayed EB*MC segment for the MHASA information and EB*R segment for the TPL information.</p>
298-299	2110C	EB04	04	<p>Colorado Medical Assistance Programs will return the following Insurance Type Codes:</p> <p>'MC' Medicaid 'OT' Other</p>
299	2110C	EB05	05	The Health Plan Name has been Hard Coded as 'CO Medical Assistance Programs'
299-300	2110C	EB	06	If a client has met the copay maximum amount, code '29' will be returned.
300	2110C	EB	07	<p>If a client has met the copay maximum amount or if copay is not required, the amount of '\$0.00' will be returned.</p> <p>If a Client Co-pay is required, the copay amount will be displayed.</p>
315-316	2110C	REF	01	Colorado Medical Assistance Programs will return 'IG' or 'F6', Insurance Policy Number or Medicare coverage and to identify the TPL policy number if the code 'R' was used in the EB01 to identify the Other Carrier ID Information.
323	2110C	MSG	01	Free Form Message Text



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330	2120C	NM1	01	Colorado Medical Assistance Programs will return one of the following Entity Identifier Codes in cases where a client carries TPL or has a PCP, PHP or BHO '13' Contracted Service Provider '1P' Provider 'P3' Primary Care Provider 'PR' Payer
331	2120C	NM1	02	Colorado Medical Assistance Programs will return one of the following Entity Identifier Codes in cases where a client carries TPL or has a PCP, PHP or MHASA '1' Person '2' Non-Person Entity



## Appendix A

SERVICE TYPE CODE	DESCRIPTION
1	Medical Care
2	Surgical
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital - Inpatient
50	Hospital Outpatient
51	Hospital - Emergency Accident
52	Hospital Emergency Medical
53	Hospital - Ambulatory Surgical
62	MRI/CAT Scan
65	Newborn Care
68	Well Baby Care
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy
80	Immunizations
81	Routine Physical



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SERVICE TYPE CODE	DESCRIPTION
82	Family Planning
86	Emergency Services
88	Pharmacy
93	Podiatry
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
AO	Professional (Physician) Visit - Outpatient
A3	Professional (Physician) Visit - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
BG	Cardiac Rehabilitation
BH	Pediatric
MH	Mental Health
UC	Urgent Care



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## Revision History

VERSION NUMBER	CHECK OUT DATE	CHECK IN DATE	OWNER OF UPDATE	DESCRIPTION/LOCATION/ CHAPTERS OF CHANGE
1.0	10/30/2013	11/21/2013	DR	As part of the HIPAA Operating Rules Phase I (CSR 2572/2633), the below Chapter information have been added : <b>CHAPTER 7-</b> X12N 270 Eligibility Request and X12N 271 Eligibility Response information has been added. Appendix A has been added. (Page No- 36-37)