Vermont MMIS HIPAA Tech Specs

271 – Unsolicited Health Care Eligibility/Benefit Roster

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Field	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	MMIS Instruction
		NA (Interchange Control Header)			
		ISA (Interchange Control Header)			
ISA01	Authorization Information Qualifier	B.3	R	Y	VT Medicaid will send 00
ISA02	Authorization Information Qualifier	B.3	R	N	
ISA03	Security Information Qualifier	B.4	R	Y	VT Medicaid will send 00.
ISA04	Security Information	B.4	R	N	
ISA05	Interchange Sender ID Qualifier	B.4	R	Y	VT Medicaid will use ZZ
ISA06	Interchange Sender ID	B.4	R	Y	VT Medicaid will use the assigned trading partner ID.
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y	VT Medicaid will use ZZ
ISA08	Interchange Receiver ID	B.5	R	Y	VT Medicaid EIN 752548221
ISA09	Interchange Date	B.5	R	N	
ISA10	Interchange Time	B.5	R	N	
ISA11	Interchange Control Standards Identifier	B.5	R	N	
ISA12	Interchange Control Version Number	B.5	R	N	
ISA13	Interchange Control Number	B.5	R	N	
ISA14	Acknowledgment Requested	B.6	R	N	
ISA15	Usage Indicator	B.6	R	N	
ISA16	Component Element Separator	B.6	R	N	

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NA (Functional Group Header)

GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid will send the Trading Partner ID
GS03	Application Receiver's Code	B.8	R	Y	VT Medicaid EIN 752548221
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	VT Medicaid will use version 004010X097A1

NA (NoLoopName)

ST01	Transaction Set Identifier Code	33	R	N	
ST02	Transaction Set Control Number	34	R	N	

NA (NoLoopName)

BHT01	Hierarchical Structure Code	35	R	Y	Vermont Medicaid will send 0010.
BHT02	Transaction Set Purpose Code	36	R	Y	Vermont Medicaid will send 05.
BHT03	Reference Identification	36	S	N	
BHT04	Transaction Set Creation Date	36	R	N	
BHT05	Transaction Set Creation Time	36	R	N	
BHT06	Transaction Type Code	36	S	Y	Vermont Medicaid uses ML.

2000A (Information Source Level)

HL (Information Source Level)

HL01	Hierarchical ID Number	38	R	Y	Vermont Medicaid uses 1.
HL02	Hierarchical Parent ID Number	38	R	Y	Vermont Medicaid uses 0.
HL03	Hierarchical Level Code	38	R	N	
HL04	Hierarchical Child Code	39	R	Y	Vermont Medicaid uses 1.

TRN (Information Source Trace Number)

TRN01	Trace Type Code	41	R	N	
TRN02	Trace Number	41	R	Y	"TO BE PAID ON CCYYMMDD." Will equal RA paid date.
TRN03	Trace Assigning Entity Identifier	41	S	N	
TRN04	Trace Assigning Entity Additional Identifier	41	S	N	

2100A (Information Source Name)

NM1 (Information Source Name)

NM101	Entity Identifier Code	42	R	Y	Vermont Medicaid uses PR.
NM102	Entity Type Qualifier	43	R	N	
NM103	Information Source Last or Organization Name	43	S	Y	This field will be "EDS - VERMONT MEDICAID"
NM104	Information Source First Name	43	N	N	
NM105	Information Source Middle Name	43	N	N	
NM106	Name Prefix	43	N	N	
NM107	Information Source Name Suffix	43	N	N	
NM108	Identification Code Qualifier	43	R	Y	Vermont Medicaid uses 46.
NM109	Information Source Primary Identifier	44	R	Y	Vermont Medicaid uses 752548221
NM110	Entity Relationship	44	N	N	
NM111	Entity Identifier Code	44	N	N	

REF (Information Source Additional Information)

REF01	Reference Identification Qualifier	45	R	N
REF02	Reference Identification	46	R	N
REF03	Description	46	S	N
REF04	Reference Identifier	46	N	N

N3 (Information Source Address)

N301	Address Information	47	R	N
N302	Address Information	47	S	N

N4 (Information Source City/State/Zip Code)

N401	City Name	48	S	N
N402	State or Province Code	48	S	N
N403	Postal Code	49	S	N
N404	Country Code	49	N	N

N405	Location Qualifier	49	N	N
N406	Location Identifier	49	N	N
	PER (Information Source Contact Information)			
PER01	Contact Function Code	51	R	N
PER02	Name	51	S	N
PER03	Communication Number Qualifier	51	S	N
PER04	Communication Number	51	S	N
PER05	Communication Number Qualifier	51	S	N
PER06	Communication Number	52	S	N
PER07	Communication Number Qualifier	52	S	N
PER08	Communication Number	52	S	N
PER09	Contact Inquiry Reference	52	N	N
	INS (Information Source Data Maintanance)			
INS01	Insured Indicator	54	R	N
INS02	Individual Relationship Code	54	R	N
INS03	Maintenance Type Code	54	S	N
INS04	Maintenance Reason Code	54	S	N
INS05	Benefit Status Code	54	N	N
INS06	Medicare Plan Code	54	N	N
INS07	Consolidated Omnibus Budget Recon Act Qualifying	54	N	N
INS08	Employment Status Code	54	N	N
INS09	Student Status Code	54	N	N
INS10	Handicap Indicator	54	N	N
INS11	Date Time Period Format Qualifier	54	N	N

INS12	Date Time Period	54	N	N	
INS13	Confidentiality Code	54	N	N	
INS14	City Name	54	N	N	
INS15	State or Province Code	54	N	N	
INS16	Country Code	54	N	N	
INS17	Birth Sequence Number	54	N	N	
		DTP (Information Source Date)			
DTP01	Date Time Qualifier	55	R	N	
DTP02	Date Time Period Format Qualifier	55	R	N	
DTP03	Date Time Period	56	R	N	

2120A (Information Source Benefit Information)

EB (Information Source Benefit Information)

EB01		Eligibility or Benefit Information	57	R	Y	Vermont Medicaid uses 4.
EB02		Coverage Level Code	59	S	N	
EB03		Service Type Code	59	S	N	
EB04		Insurance Type Code	64	S	N	
EB05		Plan Coverage Description	65	S	N	
EB06		Time Period Qualifier	65	S	N	
EB07		Monetary Amount	66	S	N	
EB08		Percent	66	S	N	
EB09		Quantity Qualifier	66	S	N	
EB10		Quantity	67	S	N	
EB11		Yes/No Condition or Response Code	67	S	N	
EB12		Yes/No Condition or Response Code	67	S	N	
EB13		Composite Medical Procedure Identifier	67	S	N	
EB13	C003-1	Product/Service ID Qualifier	67	R	N	
EB13	C003-2	Procedure Code	68	R	N	
EB13	C003-3	Procedure Modifier	68	S	N	
EB13	C003-4	Procedure Modifier	68	S	N	
EB13	C003-5	Procedure Modifier	68	S	N	
EB13	C003-6	Procedure Modifier	68	S	N	
EB13	C003-7	Description	68	S	N	

HSD (Information Source Health Care Services Delivery)

HSD01		Quantity Qualifier	69	S	N	
HSD02		Quantity	70	S	N	

HSD03	Unit or Basis for Measurement Code	70	S	N	
HSD04	Sample Selection Modulus	70	S	N	
HSD05	Time Period Qualifier	70	S	N	
HSD06	Number of Periods	71	S	N	
HSD07	Ship/Delivery or Calendar Pattern Code	71	S	N	
HSD08	Ship/Delivery Pattern Time Code	72	S	N	
	DTP (Information Source Date or Time Period)				
DTP01	Date/Time Qualifier	73	R	Y	Vermont Medicaid uses 007.
DTP02	Date Time Period Format Qualifier	73	R	Y	Vermont Medicaid uses RD8.
DTP03	Eligibility or Benefit Date Time Period	74	R	Y	Will be CCYYMMDD-CCYYMMDD.
	LS (Information Source Loop Header)				
LS01	Loop Identifier Code	75	R	N	

2120A (Information Source Benefit Related Entity Name)

NM1 (Information Source Benefit Related Entity Name)

NM101	Entity Identifier Code	76	R	N
NM102	Entity Type Qualifier	77	R	N
NM103	Name Last or Organization Name	77	S	N
NM104	Name First	77	S	N
NM105	Name Middle	77	S	N
NM106	Name Prefix	77	S	N
NM107	Name Suffix	77	S	N
NM108	Identification Code Qualifier	77	S	N
NM109	Identification Code	77	S	N
NM110	Entity Relationship Code	77	N	N
NM111	Entity Identifier Code	78	N	N

N3 (Information Source Benefit Related Entity Address)

N301	Address Information	79	R	N
N302	Address Information	79	S	N

N4 (Information Source Benefit Related City/State/Zip Code)

N401	City Name	80	S	N
N402	State or Province Code	80	S	N
N403	Postal Code	80	S	N
N404	Country Code	81	S	N
N405	Location Qualifier	81	S	N
N406	Location Identifier	81	S	N

PER (Information Source Benefit Related Contact Information)

PER01	Contact Function Code	83	R	N
PER02	Name	83	S	N

PER03		Communication Number Qualifier	83	S	N
PER04		Communication Number	83	S	N
PER05		Communication Number Qualifier	83	S	N
PER06		Communication Number	84	S	N
PER07		Communication Number Qualifier	84	S	N
PER08		Communication Number	84	S	N
PER09		Contact Inquiry Reference	84	N	N
		PRV (Information Source Benefit Related Provider Information)			
PRV01		Provider Code	85	R	N
PRV02		Reference Identification Qualifier	86	R	N
PRV03		Provider Identifier	87	R	N
PRV04		State or Province Code	87	N	N
PRV05		Provider Specialty Information	87	5	N
PRV05	C035-1	Provider Specialty Code	87	R	N
PRV05	C035-2	Agency Qualifier Code	87	S	N
PRV05	C035-3	Yes/No Condition or Response Code	88	S	N
PRV06		Provider Organization Code	88	N	N
		LE (Information Source Benefit Related Loop Trailer)			
LE01		Loop Identifier Code	89	R	N

2000B (Information Receiver Level)

HL (Information Receiver Level)

HL01	Hierarchical ID Number	91	R	N	
HL02	Hierarchical Parent ID Number	91	R	N	
HL03	Hierarchical Level Code	91	R	N	
HL04	Hierarchical Child Code	91	R	Y	Vermont Medicaid uses 1.

TRN (Information Receiver Trace Number)

TRN01	Trace Type Code	94	R	N
TRN02	Reference Identification	94	R	N
TRN03	Originating Company Identifier	94	S	N
TRN04	Reference Identification	94	S	N

2100B (Information Receiver Name)

NM1 (Information Receiver Name)

NM101	Entity Identifier Code	95	R	Y	Vermont Medicaid uses 1P for provider or 80 for Hospital.
NM102	Entity Type Qualifier	96	R	Y	Vermont Medicaid uses 1 for a person and 2 for a non-person.
NM103	Name Last or Oganizational Name	96	S	Y	Provider Name
NM104	Name First	96	S	Y	Blank if non-person
NM105	Name Middle	96	S	Y	Blank if non-person
NM106	Name Prefix	96	N	N	
NM107	Name Suffix	96	S	Y	Blank if non-person
NM108	Identification Code Qualifier	97	R	Y	VT Medicaid will use XX when sending NPI in NM109 Or SV when sending the VT Medicaid Provider ID
NM109	Information Receiver Identification Number	98	R	Y	This field will contain the 10-digit NPI or the 7-digit VT Medicaid Provider ID
NM110	Entity Relationship Code	98	N	N	
NM111	Entity Identifier Code	98	N	N	

REF (Information Receiver Additional Information)

REF01	Reference Identification Qualifier	99	R	N	
REF02	Reference Identification	100	R	N	
REF03	Description	100	S	N	
REF04	Reference Identifier	100	N	N	

N3 (Information Receiver Address)

N301	Address Information	101	R	N	
N302	Address Information	101	S	N	

N4 (Information Receiver City/State/Zip Code)

N401	City Name	102	S	N	
N402	State or Province Code	102	S	N	
N403	Postal Code	102	S	N	

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N404	Country Code	102	S	N

N405		Location Qualifier	102	N	N
N406		Location Identifier	102	N	N
		PER (Information Receiver Contact Information)			
PER01		Contact Function Code	105	R	N
PER02		Name	105	S	N
PER03		Communication Number Qualifier	105	S	N
PER04		Communication Number	105	S	N
PER05		Communication Number Qualifier	105	S	N
PER06		Communication Number	106	S	N
PER07		Communication Number Qualifier	106	S	N
PER08		Communication Number	106	S	N
PER09		Contact Inquiry Reference	106	N	N
		PRV (Information Receiver Provider Information)			
PRV01		Provider Code	107	R	N
PRV02		Reference Identification Qualifier	108	R	N
PRV03		Reference Identification	109	R	N
PRV04		State or Province Code	109	N	N
PRV05		Provider Specialty Information	109	5	N
PRV05	C035-1	Provider Specialty Code	109	R	N
PRV05	C035-2	Agency Qualifier Code	109	S	N
PRV05	C035-3	Yes/No Condition or Response Code	109	S	N
PRV06		Provider Organization Code	109	S	N
		INS (Information Receiver Data Maintenance)			
INS01		Yes/No Condition or Response Code	111	R	N
INS02		Individual Relationship Code	111	R	N

INS03	Maintenance Type Code 111	S	N	
INS04	Maintenance Reason Code	111	S	N
INS05	Benefit Status Code	111	N	N
INS06	Medicare Plan Code	112	S	N
INS07	Consolidated Omnibus Budget Recon Act Qualifying	112	N	N
INS08	Employment Status Code	112	N	N
INS09	Student Status Code	112	N	N
INS10	Handicap Indicator	112	N	N
INS11	Date Time Period Format Qualifier	112	N	N
INS12	Date Time Period	112	N	N
INS13	Confidentiality Code	112	S	N
INS14	City Name	112	N	N
INS15	State or Province Code	112	N	N
INS16	Country Code	112	N	N
INS17	Birth Sequence Number	112	N	N

2110B (Information Receiver Benefit Information)

EB (Information Receiver Benefit Information)

EB01		Eligibility or Benefit Information Qualifier	113	R	N
EB02		Coverage Level Code	115	S	N
EB03		Service Type Code	115	S	N
EB04		Insurance Type Code	119	S	N
EB05		Plan Coverage Description	121	S	N
EB06		Time Period Qualifier	121	S	N
EB07		Monetary Amount	121	S	N
EB08		Percent	121	S	N
EB09		Quantity Qualifier	121	S	N
EB10		Quantity	122	S	N
EB11		Yes/No Condition or Response Code	122	S	N
EB12		Yes/No Condition or Response Code	122	S	N
EB13		Composite Medical Procedure Identifier	122	S	N
EB13	C003-1	Product/Service ID Qualifier	122	R	N
EB13	C003-2	Product/Service ID	123	R	N
EB13	C003-3	Procedure Modifier	123	S	N
EB13	C003-4	Procedure Modifier	123	S	N
EB13	C003-5	Procedure Modifier	123	S	N
EB13	C003-6	Procedure Modifier	123	S	N
EB13	C003-7	Description	123	N	N

HSD (Information Receiver Health Services Delivery)

HSD01		Quantity Qualifier	124	S	N
HSD02		Quantity	125	S	N

HSD03		Unit or Basis for Measurement Code	125	S	N
HSD04		Sample Selection Modulus	125	S	N
HSD05		Time Period Qualifier	125	S	N
HSD06		Number of Periods	125	S	N
HSD07		Ship/Delivery or Calendar Pattern Code	126	S	N
HSD08		Ship/Delivery Pattern Time Code	127	S	N
		REF (Information Receiver Additional Information)			
REF01		Reference Identification Qualifier	128	R	N
REF02		Information Identification	128	R	N
REF03		Description	129	S	N
REF04		Reference Identifier	129	S	N
REF04	C040-1	Reference Identification Qualifier	129	R	N
REF04	C040-2	Reference Identification	129	R	N
REF04	C040-3	Reference Identification Qualifier	129	S	N
REF04	C040-4	Reference Identification	129	S	N
REF04	C040-5	Reference Identification Qualifier	129	S	N
REF04	C040-6	Reference Identification	129	S	N
		DTP (Information Receiver Date or Time Period)			
DTP01		Date/Time Qualifier	130	R	N
DTP02		Date Time Period Format Qualifier	130	R	N
DTP03		Date Time Period	130	R	N
		LS (Information Receiver Benefit Related Loop Trailer)			
LS01		Loop Identifier Code	131	R	N

2120B (Information Receiver Benefit Related Entity Name)

NM1 (Information Receiver Benefit Related Entity Name)

NM101	Entity Identifier Code	132	R	N
NM102	Entity Type Qualifier	133	R	N
NM103	Name Last or Organization Name	133	S	N
NM104	Name First	133	S	N
NM105	Name Middle	133	S	N
NM106	Name Prefix	133	S	N
NM107	Name Suffix	133	S	N
NM108	Identification Code Qualifier	133	S	N
NM109	Identification Code	133	S	N
NM110	Entity Relationship Code	133	S	N
NM111	Entity Identifier Code	133	S	N

N3 (Information Receiver Benefit Related Address Information)

N301	Address Information	134	R	N
N302	Address Information	134	S	N

N4 (Information Receiver Benefit Related City/State/Zip Code)

N401	City Name	135	S	N
N402	State or Province Code	135	S	N
N403	Postal Code	136	S	N
N404	Country Code	135	S	N
N405	Location Qualifier	136	S	N
N406	Location Identifier	136	S	N

PER (Administrative Communications Contact)

PER01	Contact Function Code	138	R	N
PER02	Name	138	S	N

PER03		Communication Number Qualifier	138	S	N
PER04		Communication Number	138	S	N
PER05		Communication Number Qualifier	138	S	N
PER06		Communication Number	138	S	N
PER07		Communication Number Qualifier	138	S	N
PER08		Communication Number	138	S	N
PER09		Contact Inquiry Reference	138	S	N
		PRV (Information Receiver Benefit Related Provider Information)			
PRV01		Provider Code	139	R	N
PRV02		Reference Identification Qualifier	140	R	N
PRV03		Reference Identification	141	R	N
PRV04		State or Province Code	141	N	N
PRV05		Provider Specialty Information	141	5	N
PRV05	C035-1	Provider Specialty Code	141	R	N
PRV05	C035-2	Agency Qualifier Code	142	S	N
PRV05	C035-3	Yes/No Condition or Response Code	142	S	N
PRV06		Provider Organization Code	142	S	N
		LE (Information Receiver Benefit Related Loop Trailer)			
LE01		Loop Identifier Code	143	R	N

2000C (Group Coverage or Provider of Service Level)

HL (Group Coverage or Provider of Service Level)

HL01	Hierarchical ID Number	145	R	N	
HL02	Hierarchical Parent ID Number	146	S	Y	Vermont Medicaid uses 2.
HL03	Hierarchical Level Code	146	R	Y	Vermont Medicaid uses 19.
HL04	Hierarchical Child Code	146	S	Y	Vermont Medicaid uses 1.

TRN (Group Coverage or Provider of Service Trace Number)

TRN01	Trace Type Code	148	R	N	
TRN02	Reference Identification	148	R	N	
TRN03	Originating Company Identifier	148	S	N	
TRN04	Reference Identification	148	S	N	

2100C (Group Coverage or Provider of Service Entity Name)

NM1 (Group Coverage or Provider of Service Entity Name)

NM101	Entity Identifier Code	150	R	Y	Vermont Medicaid uses 1P.
NM102	Entity Type Qualifier	150	R	Y	Vermont Medicaid uses 1 if a person and 2 if a non-person.
NM103	Name Last or Organizational Name	150	S	Y	Provider Name
NM104	Name First	150	S	Y	Blank if non-person
NM105	Name Middle	150	S	Y	Blank if non-person
NM106	Name Prefix	150	S	N	
NM107	Name Suffix	150	S	Y	Blank if non-person
NM108	Identification Code Qualifier	150	S	Y	VT Medicaid will use XX when sending NPI in NM109 Or SV when sending the VT Medicaid Provider ID
NM109	Identification Code	151	S	Y	This field will contain the 10-digit NPI or the 7-digit VT Medicaid provider number.
NM110	Entity Relationship Code	151	S	N	
NM111	Entity Identifier Code	151	S	N	

REF (Group Coverage or Provider of Service Additional Identification)

REF01	Reference Identification Qualifier	152	R	N	
REF02	Reference Identification	153	R	N	
REF03	Description	153	S	N	
REF04	Reference Identifier	153	N	N	

N3 (Group Coverage or Provider of Service Address)

N301	Address Information	154	R	N	
N302	Address Information	154	S	N	

N4 (Group Coverage or Provider of Service City/State/Zip Code)

N401	City Name	155	S	N	
N402	State or Province Code	155	S	N	
N403	Postal Code	155	S	N	

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N404	Country Code	156	S	N

N405		Location Qualifier	156	N	N
N406		Location Identifier	156	N	N
		PER (Group Coverage or Provider of Service Contact Information)			
PER01		Contact Function Code	158	R	N
PER02		Name	158	S	N
PER03		Communication Number Qualifier	158	S	N
PER04		Communication Number	158	S	N
PER05		Communication Number Qualifier	158	S	N
PER06		Communication Number	158	S	N
PER07		Communication Number Qualifier	158	S	N
PER08		Communication Number	158	S	N
PER09		Contact Inquiry Reference	158	S	N
		PRV (Group Coverage or Provider of Service Provider Information)			
PRV01		Provider Code	159	R	N
PRV02		Reference Identification Qualifier	160	R	N
PRV03		Reference Identification	161	R	N
PRV04		State or Province Code	161	N	N
PRV05		Provider Specialty Information	161	5	N
PRV05	C035-1	Provider Specialty Code	161	R	N
PRV05	C035-2	Agency Qualifier Code	162	S	N
PRV05	C035-3	Yes/No Condition or Response Code	162	S	N
PRV06		Provider Organization Code	162	S	N
		INS (Group Coverage or Provider of Service Data Maintenance)			
INS01		Yes/No Condition or Response Code	164	R	N
INS02		Individual Relationship Code	164	R	N

INS03	Maintenance Type Code	164	S	N
INS04	Maintenance Reason Code	164	S	N
INS05	Benefit Status Code	164	N	N
INS06	Medicare Plan Code	164	S	N
INS07	Consolidated Omnibus Budget Recon Act Qualifying	164	N	N
INS08	Employment Status Code	164	N	N
INS09	Student Status Code	164	N	N
INS10	Handicap Indicator	164	N	N
INS11	Date Time Period Format Qualifier	164	N	N
INS12	Date Time Period	164	N	N
INS13	Confidentiality Code	164	S	N
INS14	City Name	164	N	N
INS15	State or Province Code	164	N	N
INS16	Country Code	164	N	N
INS17	Number	164	N	N

DTP (Group Coverage or Provider of Service Date or Time Period)

DTP01	Date/Time Qualifier	165	R	N
DTP02	Date Time Period Format Qualifier	166	R	N
DTP03	Date Time Period	166	R	N

2110C (Group Coverage or Provider of Service Benefit Information)

EB (Group Coverage or Provider of Service Benefit Information)

EB01		Eligibility or Benefit Information Qualifier	168	R	Y	Vermont Medicaid uses L.
EB02		Coverage Level Code	169	S	N	
EB03		Service Type Code	170	S	N	
EB04		Insurance Type Code	174	S	N	
EB05		Plan Coverage Description	176	S	N	
EB06		Time Period Qualifier	176	S	N	
EB07		Monetary Amount	176	S	N	
EB08		Percent	176	S	N	
EB09		Quantity Qualifier	176	S	N	
EB10		Quantity	177	S	N	
EB11		Yes/No Condition or Response Code	177	S	N	
EB12		Yes/No Condition or Response Code	177	S	N	
EB13		Composite Medical Procedure Identifier	177	S	N	
EB13	C003-1	Product/Service ID Qualifier	177	R	N	
EB13	C003-2	Product/Service ID	177	R	N	
EB13	C003-3	Procedure Modifier	178	S	N	
EB13	C003-4	Procedure Modifier	178	S	N	
EB13	C003-5	Procedure Modifier	178	S	N	
EB13	C003-6	Procedure Modifier	178	S	N	
EB13	C003-7	Description	178	N	N	

HSD (Group Coverage or Provider of Service Delivery Information)

HSD01		Quantity Qualifier	180	S	N	
HSD02		Quantity	180	S	N	

HSD03		Unit or Basis of Measurement Code	180	S	N	
HSD04		Sample Selection Modulus	180	S	N	
HSD05		Time Period Qualifier	180	S	N	
HSD06		Number of Periods	181	S	N	
HSD07		Ship/Delivery or Calendar Pattern Code	181	S	N	
HSD08		Ship/Delivery Pattern Time Code	182	S	N	
		REF (Group Coverage or Provider of Service Additional Identification)				
REF01		Reference Identification Qualifier	184	R	N	
REF02		Information Identification	184	S	N	
REF03		Description	184	S	N	
REF04		Reference Identifier	185	S	N	
REF04	C040-1	Reference Identification Qualifier	185	R	N	
REF04	C040-2	Reference Identification	185	R	N	
REF04	C040-3	Reference Identification Qualifier	185	S	N	
REF04	C040-4	Reference Identification	185	S	N	
REF04	C040-5	Reference Identification Qualifier	185	S	N	
REF04	C040-6	Reference Identification	185	S	N	
		DTP (Group Coverage or Provider of Service Date or Time Period)				
DTP01		Date/Time Qualifier	186	R	N	
DTP02		Date Time Period Format Qualifier	187	R	N	
DTP03		Date Time Period	187	R	N	
		LS (Group Coverage or Provider of Service Loop Header)				
LS01		Loop Identifier Code	188	R	Y	Vermont Medicaid uses 2120.

2120C (Group Coverage or Provider of Service Benefit Related Entity Name)

NM1 (Group Coverage or Provider of Service Benefit Related Entity Name)

NM101	Entity Identifier Code	189	R	Y	Vermont Medicaid uses P3.
NM102	Entity Type Qualifier	190	R	Y	Vermont Medicaid uses 1.
NM103	Name Last or Organization Name	190	S	Y	Provider Name
NM104	Name First	190	S	Y	Blank if non-person
NM105	Name Middle	190	S	Y	Blank if non-person
NM106	Name Prefix	190	S	N	
NM107	Name Suffix	190	S	Y	Blank if non-person
NM108	Identification Code Qualifier	191	S	Y	VT Medicaid will use XX when sending NPI in NM109 Or SV when sending the VT Medicaid Provider ID
NM109	Identification Code	191	S	Y	This is the 10-digit NPI or the 7-digit VT Medicaid Provider ID
NM110	Entity Relationship Code	191	S	N	
NM111	Entity Identifier Code	191	S	N	

N3 (Group Coverage or Provider of Service Benefit Related Address)

N301	Address Information	192	R	N	
N302	Address Information	192	S	N	

N4 (Group Coverage or Provider of Service Benefit Related City/State/Zip Code)

N401	City Name	193	S	N	
N402	State or Province Code	193	S	N	
N403	Postal Code	193	S	N	
N404	Country Code	194	S	N	
N405	Location Qualifier	194	S	N	
N406	Location Identifier	194	S	N	

PER (Group Coverage or Provider of Service Benefit Related Contact Information)

PER01	Contact Function Code	195	R	N	

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PER02	Name	196	S	N

PER03		Communication Number Qualifier	196	S	N	
PER04		Communication Number	196	S	N	
PER05		Communication Number Qualifier	196	S	N	
PER06		Communication Number	196	S	N	
PER07		Communication Number Qualifier	196	S	N	
PER08		Communication Number	196	S	N	
PER09		Contact Inquiry Reference	196	S	N	
		PRV (Group Coverage or Provider of Service Benefit Related Provider Information)				
PRV01		Provider Code	197	R	N	
PRV02		Reference Identification Qualifier	197	R	N	
PRV03		Reference Identification	197	R	N	
PRV04		State or Province Code	197	S	N	
PRV05		Provider Specialty Information	197	5	N	
PRV05	C035-1	Provider Specialty Code	197	R	N	
PRV05	C035-2	Agency Qualifier Code	198	S	N	
PRV05	C035-3	Yes/No Condition or Response Code	198	S	N	
PRV06		Provider Organization Code	198	S	N	
		LE (Group Coverage or Provider of Service Loop Trailer)				
LE01		Loop Identifier Code	199	R	Y	Vermont Medicaid uses 2120.

2000D (Subscriber Level)

HL (Subscriber Level)

HL01	Hierarchical ID Number	201	R	N	
HL02	Hierarchical Parent ID Number	201	R	N	
HL03	Hierarchical Level Code	201	R	N	
HL04	Hierarchical Child Code	202	R	Y	Vermont Medicaid uses 0.

TRN (Subscriber Trace Number)

TRN01	Trace Type Code	203	R	N
TRN02	Trace Number	204	R	N
TRN03	Trace Assigning Entity Identifier	204	R	N
TRN04	Trace Assigning Entity Additional Identifier	204	S	N

2100D (Subscriber Name)

NM1 (Subscriber Name)

NM101	Entity Identifier Code	205	R	N	
NM102	Entity Type Qualifier	206	R	N	
NM103	Name Last or organization Name	206	S	N	
NM104	Name First	206	S	N	
NM105	Name Middle	206	S	N	
NM106	Name Prefix	206	N	N	
NM107	Name Suffix	206	S	N	
NM108	Identification Code Qualifier	206	S	Y	Vermont Medicaid uses MI.
NM109	Identification Code	207	S	Y	Vermont Medicaid uses the 9 digit subscriber identification number.
NM110	Entity Relationship Code	207	N	N	
NM111	Entity Identifier Code	207	N	N	

REF (Subscriber Additional Identification)

REF01	Reference Identification Qualifier	208	R	N	
REF02	Reference Identification	209	R	N	
REF03	Description	209	S	N	
REF04	Reference Identifier	209	N	N	

N3 (Subscriber Address)

N301	Address Information	210	R	N	
N302	Address Information	210	S	N	

N4 (Subscriber City/State/Zip Code)

N401	City Name	211	S	N	
N402	State or Province Code	211	S	N	
N403	Postal Code	212	S	N	
N404	Country Code	212	S	N	

N405	Location Qualifier	212	S	N	
N406	Location Identifier	212	S	N	
	PER (Subscriber Contact Information)				
PER01	Contact Function Code	214	R	N	
PER02	Name	214	S	N	
PER03	Communication Number Qualifier	214	S	N	
PER04	Communication Number	213	S	N	
PER05	Communication Number Qualifier	213	S	N	
PER06	Communication Number	215	S	N	
PER07	Communication Number Qualifier	215	S	N	
PER08	Communication Number	215	S	N	
PER09	Contact Inquiry Reference	215	N	N	
	DMG (Subscriber Demographic Information)				
DMG01	Date Time Period Format Qualifier	216	S	N	
DMG02	Date Time Period	217	S	Y	This will be the Date of Birth.
DMG03	Subscriber Gender Code	217	S	N	
DMG04	Marital Status	217	N	N	
DMG05	Race	217	N	N	
DMG06	Citizenship	217	N	N	
DMG07	Country	217	N	N	
DMG08	Basis of Verification Code	217	N	N	
DMG09	Quantity	217	N	N	
	INS (Subscriber Relationship)				
INS01	Yes/No Condition or Response Code	219	R	N	
INS02	Individual Relationship Code	219	R	N	

INS03	Maintenance Type Code 219	S	N	
INS04	Maintenance Reason Code	219	S	N
INS05	Benefit Status Code	219	N	N
INS06	Medicare Plan Code	219	N	N
INS07	Consolidated Omnibus Budget Recon Act Qualifying	219	N	N
INS08	Employment Status Code	219	N	N
INS09	Student Status Code	219	S	N
INS10	Yes/No Condition or Response Code	220	S	N
INS11	Date Time Period Format Qualifier	220	N	N
INS12	Date Time Period	220	N	N
INS13	Confidentiality Code	220	N	N
INS14	City Name	220	N	N
INS15	State or Province Code	220	N	N
INS16	Country Code	220	N	N
INS17	Number	220	S	N
		DTP (Subscriber Date)		
DTP01	Date Time Qualifier	221	R	N
DTP02	Date Time Period Format Qualifier	222	R	N
DTP03	Date Time Period	222	R	N

2110D (Subscriber Eligibility or Benefit Information)

EB (Subscriber Eligibility or Benefit Information)

EB01		Eligibility or Benefit Information Qualifier	224	R	Y	Vermont Medicaid uses 4.
EB02		Coverage Level Code	225	S	N	
EB03		Service Type Code	226	S	N	
EB04		Insurance Type Code	230	S	N	
EB05		Plan Coverage Description	232	S	N	
EB06		Time Period Qualifier	232	S	N	
EB07		Monetary Amount	233	S	N	
EB08		Percent	233	S	N	
EB09		Quantity Qualifier	233	S	N	
EB10		Quantity	234	S	N	
EB11		Yes/No Condition or Response Code	234	S	N	
EB12		Yes/No Condition or Response Code	234	S	N	
EB13		Composite Medical Procedure Identifier	234	S	N	
EB13	C003-1	Product or Service ID Qualifier	234	R	N	
EB13	C003-2	Procedure Code	235	R	N	
EB13	C003-3	Procedure Modifier	235	S	N	
EB13	C003-4	Procedure Modifier	235	S	N	
EB13	C003-5	Procedure Modifier	235	S	N	
EB13	C003-6	Procedure Modifier	235	S	N	
EB13	C003-7	Description	235	N	N	

HSD (Health Services Delivery)

HSD01		Quantity Qualifier	236	S	N	
HSD02		Quantity	237	S	N	

HSD03	Unit or Basis for Measurement Code	237	S	N	
HSD04	Sample Selection Modulus	237	S	N	
HSD05	Time Period Qualifier	237	S	N	
HSD06	Number of Periods	238	S	N	
HSD07	Ship/Delivery or Calendar Pattern Code	238	S	N	
HSD08	Ship/Delivery Pattern Time Code	239	S	N	
	REF (Subscriber Additional Information)				
REF01	Reference Identification Qualifier	240	R	N	
REF02	Reference Identification	241	R	N	
REF03	Description	241	S	N	
REF04	Reference Identifier	241	N	N	
	DTP (Subscriber Date)				
DTP01	Date/Time Qualifier	242	R	Y	Vermont Medicaid uses 472.
DTP02	Date Time Period Format Qualifier	243	R	Y	Vermont Medicaid uses RD8.
DTP03	Date Time Period	243	R	Y	CCYYMMDD-CCYYMMDD
	MSG (Message Text)				
MSG01	Free Form Message Text	244	R	N	
MSG02	Printer Carriage Control Code	244	N	N	
MSG03	Number	244	N	N	
	LS (Loop Header)				
LS01	Loop Identifier Code	245	R	N	

2120D (Subscriber Benefit Related Entity Name)

NM1 (Subscriber Benefit Related Entity Name)

NM101	Entity Identifier Code	246	R	N
NM102	Entity Type Qualifier	247	R	N
NM103	Name Last or Organization Name	247	S	N
NM104	Name First	247	S	N
NM105	Name Middle	247	S	N
NM106	Name Prefix	248	N	N
NM107	Name Suffix	248	S	N
NM108	Identification Code Qualifier	248	S	N
NM109	Identification Code	248	S	N
NM110	Entity Relationship Code	248	N	N
NM111	Entity Identifier Code	249	N	N

N3 (Subscriber Benefit Related Entity Address)

N301	Address Information	250	R	N
N302	Address Information	250	S	N

N4 (Subscriber Benefit Related Entity City/State/Zip Code)

N401	City Name	251	S	N
N402	State or Province Code	251	S	N
N403	Postal Code	252	S	N
N404	Country Code	252	S	N
N405	Location Qualifier	252	S	N
N406	Industry: Department of Defense Health Service Region Code	252	S	N

PER (Subscriber Benefit Related Entity Contact Information)

PER01	Contact Function Code	254	R	N
PER02	Name	254	S	N

PER03		Communication Number Qualifier	254	S	N
PER04		Communication Number	254	S	N
PER05		Communication Number Qualifier	254	S	N
PER06		Communication Number	255	S	N
PER07		Communication Number Qualifier	255	S	N
PER08		Communication Number	255	S	N
PER09		Contact Inquiry Reference	255	N	N
		PRV (Subscriber Benefit Related Provider Information)			
PRV01		Provider Code	256	R	N
PRV02		Reference Identification Qualifier	257	R	N
PRV03		Reference Identification	258	R	N
PRV04		State or Province Code	258	N	N
PRV05		Provider Specialty Information	258	5	N
PRV05	C035-1	Provider Specialty Code	258	R	N
PRV05	C035-2	Agency Qualifier Code	259	S	N
PRV05	C035-3	Yes/No Condition or Response Code	259	S	N
PRV06		Provider Organization Code	259	N	N
		LE (Loop Trailer)			
LE01		Loop Identifier Code	260	R	N

2000E (Dependent Level)

HL (Dependent Level)

HL01	Hierarchical ID Number	R	X
HL02	Hierarchical Parent ID Number	R	X
HL03	Hierarchical Level Code	R	X
HL04	Hierarchical Child Code	R	X

TRN (Dependent Trace Number)

TRN01	Trace Type Code	R	X
TRN02	Trace Number	R	X
TRN03	Trace Assigning Entity Identifier	R	X
TRN04	Trace Assigning Entity Additional Identifier	S	X

2100E (Dependent Name)

NM1 (Dependent Name)

NM101	Entity Identifier Code	R	X
NM102	Entity Type Qualifier	R	X
NM103	Name Last or organization Name	S	X
NM104	Name First	S	X
NM105	Name Middle	S	X
NM106	Name Prefix	N	X
NM107	Name Suffix	S	X
NM108	Identification Code Qualifier	S	X
NM109	Identification Code	S	X
NM110	Entity Relationship Code	N	X
NM111	Entity Identifier Code	N	X

REF (Dependent Additional Identification)

REF01	Reference Identification Qualifier	R	X
REF02	Reference Identification	R	X
REF03	Description	S	X
REF04	Reference Identifier	N	X

N3 (Dependent Address)

N301	Address Information	R	X
N302	Address Information	S	X

N4 (Dependent City/State/Zip Code)

N401	City Name	S	X
N402	State or Province Code	S	X
N403	Postal Code	S	X
N404	Country Code	S	X

N405	Location Qualifier	S	X
N406	Location Identifier	S	X
	PER (Dependent Contact Information)		
PER01	Contact Function Code	R	X
PER02	Name	S	X
PER03	Communication Number Qualifier	S	X
PER04	Communication Number	S	X
PER05	Communication Number Qualifier	S	X
PER06	Communication Number	S	X
PER07	Communication Number Qualifier	S	X
PER08	Communication Number	S	X
PER09	Contact Inquiry Reference	N	X
	DMG (Dependent Demographic Information)		
DMG01	Date Time Period Format Qualifier	S	X
DMG02	Date Time Period	S	X
DMG03	Subscriber Gender Code	S	X
DMG04	Marital Status	N	X
DMG05	Race	N	X
DMG06	Citizenship	N	X
DMG07	Country	N	X
DMG08	Basis of Verification Code	N	X
DMG09	Quantity	N	X
	INS (Dependent Relationship)		
INS01	Yes/No Condition or Response Code	R	X
INS02	Individual Relationship Code	R	X

INS03	Maintenance Type Code	S	X
INS04	Maintenance Reason Code	S	X
INS05	Benefit Status Code	N	X
INS06	Medicare Plan Code	N	X
INS07	Consolidated Omnibus Budget Recon Act Qualifying	N	X
INS08	Employment Status Code	N	X
INS09	Student Status Code	S	X
INS10	Yes/No Condition or Response Code	S	X
INS11	Date Time Period Format Qualifier	N	X
INS12	Date Time Period	N	X
INS13	Confidentiality Code	N	X
INS14	City Name	N	X
INS15	State or Province Code	N	X
INS16	Country Code	N	X
INS17	Number	S	X
	DTP (Dependent Date)		
DTP01	Date Time Qualifier	R	X
DTP02	Date Time Period Format Qualifier	R	X
DTP03	Date Time Period	R	X
	EB (Dependent Eligibility or Benefit Information)		
EB01	Eligibility or Benefit Information Qualifier	R	X
EB02	Coverage Level Code	S	X
EB03	Service Type Code	S	X
EB04	Insurance Type Code	S	X

EB05		Plan Coverage Description	S	X
EB06		Time Period Qualifier	S	X
EB07		Monetary Amount	S	X
EB08		Percent	S	X
EB09		Quantity Qualifier	S	X
EB10		Quantity	S	X
EB11		Yes/No Condition or Response Code	S	X
EB12		Yes/No Condition or Response Code	S	X
EB13		Composite Medical Procedure Identifier	S	X
EB13	C003-1	Product or Service ID Qualifier	R	X
EB13	C003-2	Procedure Code	R	X
EB13	C003-3	Procedure Modifier	S	X
EB13	C003-4	Procedure Modifier	S	X
EB13	C003-5	Procedure Modifier	S	X
EB13	C003-6	Procedure Modifier	S	X
EB13	C003-7	Description	N	X
		HSD (Health Services Delivery)		
HSD01		Quantity Qualifier	S	X
HSD02		Quantity	S	X
HSD03		Unit or Basis for Measurement Code	S	X
HSD04		Sample Selection Modulus	S	X
HSD05		Time Period Qualifier	S	X
HSD06		Number of Periods	S	X
HSD07		Ship/Delivery or Calendar Pattern Code	S	X

HSD08	Ship/Delivery Pattern Time Code	R	X
	REF (Dependent Additional Information)		
REF01	Reference Identification Qualifier	R	X
REF02	Reference Identification	R	X
REF03	Description	S	X
REF04	Reference Identifier	N	X
	DTP (Dependent Date)		
DTP01	Date/Time Qualifier	R	X
DTP02	Date Time Period Format Qualifier	R	X
DTP03	Date Time Period	R	X
	MSG (Message Text)		
MSG01	Free Form Message Text	R	X
MSG02	Printer Carriage Control Code	N	X
MSG03	Number	N	X
	LS (Loop Header)		
LS01	Loop Identifier Code	R	X

2120E (Dependent Benefit Related Entity Name)

NM1 (Dependent Benefit Related Entity Name)

NM101	Entity Identifier Code	R	X
NM102	Entity Type Qualifier	R	X
NM103	Name Last or Organization Name	S	X
NM104	Name First	S	X
NM105	Name Middle	S	X
NM106	Name Prefix	N	X
NM107	Name Suffix	S	X
NM108	Identification Code Qualifier	S	X
NM109	Identification Code	S	X
NM110	Entity Relationship Code	N	X
NM111	Entity Identifier Code	N	X

N3 (Dependent Benefit Related Entity Address)

N301	Address Information	R	X
N302	Address Information	S	X

N4 (Dependent Benefit Related Entity City/State/Zip Code)

N401	City Name	S	X
N402	State or Province Code	S	X
N403	Postal Code	S	X
N404	Country Code	S	X
N405	Location Qualifier	S	X
N406	Industry: Department of Defense Health Service Region Code	S	X

PER (Dependent Benefit Related Entity Contact Information)

PER01	Contact Function Code	R	X
PER02	Name	S	X

PER03		Communication Number Qualifier	S	X	
PER04		Communication Number		S	X
PER05		Communication Number Qualifier		S	X
PER06		Communication Number		S	X
PER07		Communication Number Qualifier		S	X
PER08		Communication Number		S	X
PER09		Contact Inquiry Reference		N	X
		PRV (Dependent Benefit Related Provider Information)			
PRV01		Provider Code		R	X
PRV02		Reference Identification Qualifier		R	X
PRV03		Reference Identification		R	X
PRV04		State or Province Code		N	X
PRV05		Provider Specialty Information		5	X
PRV05	C035-1	Provider Specialty Code		R	X
PRV05	C035-2	Agency Qualifier Code		S	X
PRV05	C035-3	Yes/No Condition or Response Code		S	X
PRV06		Provider Organization Code		N	X
		LE (Loop Trailer)			
LE01		Loop Identifier Code		R	X

NA (Transaction Set Trailer)

		SE (Transaction Set Trailer)			
SE01		Transaction Segment Count	321	R	N
SE02		Transaction Set Control Number	321	R	N

NA (Functional Group Trailer)

GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N
GE02	Group Control Number	B.10	R	N

NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
IEA02	Interchange Control Number	B.7	R	N