

271 Batch Response - 4010X092A1 HIPAA Implementation Guide																Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00	Preferred Value	
ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information						
ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00	Preferred Value	
ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information						
ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ	Preferred Value	
ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID				626001445TC	TennCare's ID for Outbound Transactions	
ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ	Preferred Value	
ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					Sender Trading Partner ID for Outbound Transactions Same as 270 ISA06 value.	
ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			Date when the file/batch was created by TennCare.	
ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM				
ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U				
ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		401				
ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number						
ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1				
ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T				
ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator						
GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HB				
GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code			= ISA06			
GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code			= ISA08			
GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD				

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
23	GS05	R	4	8	TM	R	1	FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1	FUNCTIONAL GROUP HEADER			Group Control Number			=GE2		
25	GS07	R	1	2	ID	R	1	FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1	FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X092A1			
27	ST01	R	3	3	ID	R	1	TRANSACTION SET HEADER			Transaction Set Identifier Code		271			
28	ST02	R	4	9	AN	R	1	TRANSACTION SET HEADER			Transaction Set Control Number			= SE02		
29	BHT01	R	4	4	ID	R	1	BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022			
30	BHT02	R	2	2	ID	R	1	BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11			
31	BHT03	S	1	30	AN	R	1	BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used ONLY if transaction is processed in real time -- do not use for batch transactions. Must be returned in a real-time 271 transaction if one is submitted in 270.		
32	BHT04	R	8	8	DT	R	1	BEGINNING OF HIERARCHICAL TRANSACTION			Date	Transaction Set Creation Date	Format: CCYYMMDD	Uses this date for the date the transaction set was generated.		
33	BHT05	R	4	8	TM	R	1	BEGINNING OF HIERARCHICAL TRANSACTION			Time	Transaction Set Creation Time	Format: HHMM	Uses this date for the date the transaction set was generated.		
34	HL01	R	1	12	AN	R	1	2000A INFORMATION SOURCE LEVEL	>1		Hierarchical ID Number			Sequentially assigned positive number which identifies each specific occurrence of an HL segment within a transaction set.		Starts with 1 and increments by 1 for each successive HI segment
35	HL03	R	1	2	ID	R	1	2000A INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source		
36	HL04	R	1	1	ID	R	1	2000A INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1			
37	AAA01	R	1	1	ID	S	9	2000A INFORMATION SOURCE LEVEL	>1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y	Please note that the use of this AAA segment only occurs when the transaction has been rejected. Error codes in this segment refer to "global" sorts of errors. N = rejected due to invalid data. Y= rejected due to another reason		
38	AAA03	R	2	2	ID	S	9	2000A INFORMATION SOURCE LEVEL	>1		Reject Reason Code		04, 41, 42, 79			
39	AAA04	R	1	1	ID	S	9	2000A INFORMATION SOURCE LEVEL	>1		Follow-up Action Code		C, N, P, R, S, Y			
40	NM101	R	2	3	ID	R	1	2100A INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer; GP=Gateway provider; P5=Plan Sponsor; PR=Payer		
41	NM102	R	1	1	ID	R	1	2100A INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity		
42	NM103	S	1	35	AN	R	1	2100A INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name				
43	NM104	S	1	25	AN	R	1	2100A INFORMATION SOURCE NAME	1		Name First	Information Source First Name		Used in guide only if NM102 = 1		
44	NM105	S	1	25	AN	R	1	2100A INFORMATION SOURCE NAME	1		Name Middle	Information Source Middle Name		Used in guide only if NM102 = 1		

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
45	NM107	S	1	10	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Suffix	Information Source Name Suffix	Used in guide only if NM102 = 1		
46	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier	24, 46, FI, NI, PI, SV, XX			
47	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			
48	REF01	R	2	3	ID	S	9	2100A	INFORMATION SOURCE NAME	1		Reference Identification Qualifier	18, 55			
49	REF02	R	1	30	AN	S	9	2100A	INFORMATION SOURCE NAME	1		Reference Identification	Information Source Additional Plan Identifier			
50	REF03	S	1	80	AN	S	9	2100A	INFORMATION SOURCE NAME	1		Description	Plan Name	Use if available		
51	AAA01	R	1	1	ID	S	9	2100A	INFORMATION SOURCE LEVEL	>1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y	Please note that the use of this AAA segment only occurs when the transaction has been rejected. Error codes in this segment refer to "global" sorts of errors. N = rejected due to invalid data. Y= rejected due to another reason	
52	AAA03	R	2	2	ID	S	9	2100A	INFORMATION SOURCE LEVEL	>1		Reject Reason Code	04, 41, 42, 79			
53	AAA04	R	1	1	ID	S	9	2100A	INFORMATION SOURCE LEVEL	>1		Follow-up Action Code	C, N, P, R, S, Y			
54	HL01	R	1	12	AN	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical ID Number		Sequentially Assigned Positive Number, incremented by '1' for each successive occurrence of the HL segment with that specific transaction set (ST-SF)		
55	HL02	R	1	12	AN	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Parent ID Number		Used to identify the specific hierarchical level to which this level is subordinate.		
56	HL03	R	1	2	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code	21	21=Information Receiver.		
57	HL04	R	1	1	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code	0, 1	0=no subordinate levels; 1=subordinate levels exist.		
58	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code	1P, 2B, 36, 80, FA, GP, P5, PR			
59	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier	1, 2			
60	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name			
61	NM104	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name First	Information Receiver First Name	Use only if NM102 = 1		
62	NM105	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Middle	Information Receiver Middle Name	Use only if NM102 = 1		
63	NM107	S	1	10	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Suffix	Information Receiver Name Suffix	Use only if NM102 = 1		
64	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier	24, 34, FI, PI, PP, SV, XV, XX			
65	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number	Qualified by NM108		

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
66	REF01	R	2	3	ID	S	9	2100B	INFORMATION RECEIVER NAME	1		Reference Identification Qualifier		0B, 1C, 1D, 1J, 4A, CT, EL, EO, HPI, JD, N5, N7, Q4, SY, TJ		
67	REF02	R	1	30	AN	S	9	2100B	INFORMATION RECEIVER NAME	1		Reference Identification	Information Receiver Additional Identifier			
68	REF03	S	1	80	AN	S	9	2100B	INFORMATION RECEIVER NAME	1		Description	License Number State Code	Use this element for the two character state code of the state assigning the identifier in REF02. Required if REF02 is the State License Number (ie- REF01 is '0B')		
69	AAA01	R	1	1	ID	S	9	2100B	INFORMATION RECEIVER NAME	1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y Please note that the use of this AAA segment only occurs when the transaction has been rejected. N = rejected due to invalid data. Y= rejected due to another reason. Errors related to info in 270's 2100B Information Receiver Name loop.		This segment is only created when there is an error having to do with the information receiver data received in the 270 transaction.
70	AAA03	R	2	2	ID	S	9	2100B	INFORMATION RECEIVER NAME	1		Reject Reason Code		15, 41, 43-48, 50, 51, 79, 97, T4 Errors related to info in 270's 2100B Information Receiver Name loop. 15=info receiver's additional info is missing;41=authorization/access restrictions;43=invalid/missing provider identification;44=invalid/missing provider name;45=invalid/missing provider speciality;46=invalid/missing provider phone number;47=invalid/missing provider state;48=invalid/missing provider identification number;50=provider ineligible for inquiries;51=provider not on file;79=information receiver not a provider or payer;97=invalid/missing provider address;T4=information receiver is a payer by payer name or identifier is missing		
71	AAA04	R	1	1	ID	S	9	2100B	INFORMATION RECEIVER NAME	1		Follow-up Action Code		C, N, R, S, W, X, Y C=Please correct and resubmit N=no resubmission allowed R=resubmission allowed S=Do not resubmit; 3rd party inquiry initiated W=wait 30 days and resubmit X=wait 10 days and resubmit Y=Do not resubmit; we will response again shortly		
72	HL01	S	1	12	AN	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical ID Number		Sequentially Assigned Positive Number, incremented by '1' for each successive occurrence of the HL segment with that specific transaction set (ST-SE)		
73	HL02	S	1	12	AN	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical Parent ID Number		Used to identify the specific hierarchical level to which this level is subordinate.		
74	HL03	S	1	2	ID	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code	22	22 = Subscriber		
75	HL04	S	1	1	ID	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code	0, 1	0=no subordinate levels; 1=subordinate levels exist.		
76	TRN01	R	1	2	ID	S	3	2000C	SUBSCRIBER LEVEL	>1		Trace Type Code		1=current transaction trace numbers 2=referenced trace numbers		
77	TRN02	R	1	30	AN	S	3	2000C	SUBSCRIBER LEVEL	>1		Reference Identification	Trace Number			ECHO TRACE NUMBERS SENT IN 270
78	TRN03	R	10	10	AN	S	3	2000C	SUBSCRIBER LEVEL	>1		Originating Company Identifier	Trace Assigning Entity Identifier	If TRN01=2, this is the value received in the original 270 transaction. If TRN01=1, use this information to identify the organization that assigned this trace number. The first position must be either a "1" if a EIN, "3" if a DUNS or "9" if a user assigned identifier. The remaining 9 characters are the identification number.		

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
79	TRN04	S	1	30	AN	S	3	2000C	SUBSCRIBER LEVEL	>1		Reference Identification	Trace Assigning Entity Additional Identifier		If TRN01=2, this is the value received in the original 270 transaction. If TRN01=1, use this information if necessary to further identify TRN03		
80	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL=Insured or Subscriber		
81	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person		
82	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name		Required unless a rejection response is generated and this element was not valued in the request.		
83	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First Name		Required unless a rejection response is generated and this element was not valued in the request.		
84	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		
85	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI	MI = Member Identification Number. When the HIPAA Individual Identifier has been adopted, then the only valid value will be 'ZZ'. Required unless a rejection response is generated and this element was not valued in the request		
86	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier		Required unless a rejection response is generated and this element was not valued in the request.		
87	REF01	R	2	3	ID	S	9	2100C	SUBSCRIBER NAME	1		Reference Identification Qualifier		18, 1L, 1W, 3H, 49, 6P, A6, CT, EA, EJ, F6, GH, HJ, IF, IG, ML, N6, NQ, Q4, SY			
88	REF02	R	1	30	AN	S	9	2100C	SUBSCRIBER NAME	1		Reference Identification	Subscriber Supplemental Identifier		If the 270 request contained a REF segment with a Patient Account Number in Loop 2100/REF02 with REF01=EJ, then it must be returned in the 271 transaction using this REF segment.		
89	REF01	R	2	3	ID	S	9	2100C	SUBSCRIBER NAME	1		Reference Identification Qualifier		18, 1L, 1W, 3H, 49, 6P, A6, CT, EA, EJ, F6, GH, HJ, IF, IG, ML, N6, NQ, Q4, SY			
90	N301	R	1	55	AN	S	1	2100C	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line		Use of this segment is required if the transaction is not rejected and address information is available from the information source's database. DO NOT return address information from the 270 request.		
91	N302	S	1	55	ID	S	1	2100C	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line 2				
92	N401	S	2	30	ID	S	1	2100C	SUBSCRIBER NAME	1		City Name	Subscriber City Name		Use of this segment is required if the transaction is not rejected and address information is available from the information source's database. DO NOT return address information from the 270 request.		
93	N402	S	2	2	ID	S	1	2100C	SUBSCRIBER NAME	1		State or Province Code	Subscriber State Code		Required if city is in the US or Canada		
94	N403	S	3	15	ID	S	1	2100C	SUBSCRIBER NAME	1		Postal Code	Subscriber Postal Zone or ZIP Code				
95	N405	S	1	2	ID	S	1	2100C	SUBSCRIBER NAME	1		Location Qualifier		CY, FI	CY=county/parish FI=FIPS 55 (Named Populated Places)		
96	N406	S	1	30	AN	S	1	2100C	SUBSCRIBER NAME	1		Location Identifier	Location Identification Code				
97	AAA01	R	1	1	ID	S	9	2100C	SUBSCRIBER NAME	1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y	Please note that the use of this AAA segment only occurs when the transaction has been rejected. N = rejected due to invalid data. Y= rejected due to another reason. Errors related to info in 270's 2100C Subscriber Name loop.		This segment is only created when there is an error having to do with the subscriber data received in the 270 transaction.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide														Tennessee Specific Values			
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
98	AAA03	R	2	2	ID	S	9	2100C	SUBSCRIBER NAME	1		Reject Reason Code		15, 42, 43, 45, 47, 48, 49, 51, 52, 56, 57, 58, 60-68, 71-78	Errors related to info in 270's 2100C Subscriber Name loop. 15=required application data missing;42=unable to respond at current time;43=invalid/missing provider identification;45=invalid/missing provider speciality;47=invalid/missing provider state;48=invalid/missing referring provider identification number;49=provider is not primary care physician;51=provider not on file;52=service dates not within provider plan enrollment;56=inappropriate dates;57=invalid/missing date(s) of service;58=invalid/missing date of birth;60=date of birth follows date of service;61=date of death follows date of service;62=date of service not within allowable inquiry period;63=date of service in future;64=invalid/missing patient id; 65=invalid/missing patient name; 66=invalid/missing patient gender code;67=patient not found;68=duplicate patient id number;71=patient birth date does not match that on database; 72=invalid/missing subscriber/insured id; 73=invalid/missing subscriber/insured name; 74=invalid/missing subscriber/insured gender code; 75=subscriber/insured not found; 76=duplicate		
99	AAA04	R	1	1	ID	S	9	2100C	SUBSCRIBER NAME	1		Follow-up Action Code		C, N, R, S, W, X, Y	C=Please correct and resubmit N=no resubmission allowed R=resubmission allowed S=Do not resubmit; 3rd party inquiry initiated W=wait 30 days and resubmit X=wait 10 days and resubmit Y=Do not resubmit; we will response again shortly		
100	DMG01	S	2	3	ID	S	1	2100C	SUBSCRIBER NAME	1		Date/Time Period Format Qualifier		D8	Use this segment only if the subscriber is the patient. D8 indicates CCYYMMDD format.		
101	DMG02	S	1	35	AN	S	1	2100C	SUBSCRIBER NAME	1		Date Time Period	Subscriber Birth Date		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request. Format: CCYYMMDD		
102	DMG03	S	1	1	ID	S	1	2100C	SUBSCRIBER NAME	1		Gender Code	Subscriber Gender Code	F, M, U	Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
103	DTP01	R	3	3	ID	S	9	2100C	SUBSCRIBER DATE	1		Date/Time Qualifier	Date Time Qualifier	102, 152, 291, 307, 318, 340, 341, 342, 343, 346, 347, 356, 357, 382, 435, 442, 458, 472, 539, 540, 636, 771			442 = date of death
104	DTP02	R	2	3	ID	S	9	2100C	SUBSCRIBER DATE	1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		
105	DTP03	R	1	35	AN	S	9	2100C	SUBSCRIBER DATE	1		Date Time Period					
106	LOOP 2110C: Rep 1																LOOP 2110C: 1ST REPETITION (COPAY)
107	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y			

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
108	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1			CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO			
109	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1			See Implementation Guide			
110	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1	Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.		
111	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1	Plan Coverage Description					Four co-pay codes are used. 00 - no co-pays for any service. 01 - \$3 co-pay for brand name drugs only. 02 - 1st tier (lower \$5 - \$100) co-pays for prescriptions, primary care, specialist care, ER and hospital stay. 10 - 2nd tier (higher \$10 - \$200) co-pays for prescriptions, primary care, specialist care, ER and hospital stay. Currently, 02 and 10 are only used for the TennCare Standard population. The specific co-pay amounts for 02 and 10 are detailed in TennCare rules.
112	<b>LOOP 2110C: Rep 2</b>															<b>LOOP 2110C: (MEDICARE PART A)</b>
113	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1	Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y			1 indicates 'active'. This value is set only if Medicare PartA Indicator = 'MA'.
114	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1	Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.		Value is set only if Medicare PartA Indicator = 'MA'.
115	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1	Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS			Value is set only if MedicarePartAIndicator = 'MA'. '30' indicates 'health benefit plan coverage'.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide														Tennessee Specific Values			
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
116	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.		MA' indicates 'Medicare Part A'
117	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					Value is set only if Medicare PartA Indicator = 'MA'.
118	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.		This segment is only sent if Medicare PartA Indicator = 'MA'. This value is set only if Medicare PartA Begin Date > 0. '307' indicates eligibility date.
119	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This segment is only sent if Medicare PartA Indicator = 'MA'. This value is set only if Medicare PartA Begin Date > 0.
120	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				This segment is only sent if Medicare PartA Indicator = 'MA'.
121	LOOP 2110C: Rep 3																LOOP 2110C: 3RD REPETITION (MEDICARE PART B)
122	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y			1 indicates 'active'. This value is set only if Medicare PartB Indicator = 'MB'.
123	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.		Value is set only if Medicare PartB Indicator = 'MB'. 'IND' represents 'individual'.
124	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS			Value is set only if Medicare PartB Indicator = 'MB'. Value '30' indicates 'health benefit plan coverage'
125	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.		Value 'MB' indicates 'Medicare Part B'

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
126	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Value is set only if Medicare PartB Indicator = 'MB'.	
127	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.		This segment is only sent if Medicare PartB Indicator = 'MB'. This value is set only if Medicare PartB Begin Date > 0. Value '307' indicates eligibility date.
128	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This segment is only sent if Medicare PartB Indicator = 'MB'. This value is set only if Medicare PartB BeginDate > 0.
129	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				Value is set only if MedicarePartBIndicator = 'MB'. The two dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement. Open ended date is 2050.
130	LOOP 2110C: Rep 4															LOOP 2110C: 4TH REPETITION (ELIGIBILITY -- LONG TERM CARE)	
131	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		Value '1' indicates active	
132	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.	This value is set only if eligBenefitPlanDescription is Long Term Care. Value 'IND' indicates 'individual'.	
133	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS		Value '54' indicates 'LONG TERM CARE'.	
134	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU		LC=Long Term Care	

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
135	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					
136	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.		This value is set only if elig Begin Date > 0. Value '307' indicates 'eligibility'.
137	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This value is set only if eligBeginDate > 0.
138	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				
139	<b>LOOP 2110C: Rep 5</b>																<b>LOOP 2110C: 5TH REPETITION (ELIGIBILITY -- BHO)</b>
140	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y			Value '1' indicates active, value '6' indicates 'inactive, not eligible'.
141	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.		This value is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'.
142	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS			This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.
143	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU			OT' indicates 'Other'.
144	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					
145	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.		This value is set only if eligBeginDate > 0. Value '307' indicates 'eligibility'.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide														Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
146	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8 D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This value is set only if eligBeginDate > 0.
147	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Eligibility or Benefit Date Time Period				Dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement.
148	LOOP 2110C: Rep 6															LOOP 2110C: 6TH REPETITION (ELIGIBILITY -- HMO)
149	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		Value '1' indicates active, value '6' indicates 'inactive, not eligible'.
150	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code Benefit Coverage Level Code		CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.	This value is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'.
151	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS		This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.
152	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU		HM' indicates 'health maintenace organization'.
153	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Only set when eligibility indicator is 1. eligProgramCode + eligBenefitPlanDescription
154	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.	This value is set only if eligBeginDate > 0. Value '307' indicates 'eligibility'.
155	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8 D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This value is set only if eligBeginDate > 0.
156	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Eligibility or Benefit Date Time Period				Dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
157	LOOP 2110C: Rep 7															LOOP 2110C: 7TH REPETITION (MANAGED CARE)
158	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		
159	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.	
160	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS		
161	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	MC	MC=Managed Care
162	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				last 3 bytes of mcc# + mcc name
163	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.	
164	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	
165	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period			
166	LOOP 2110C: Rep 8															LOOP 2110C: 8TH REPETITION (LOCKIN)
167	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		This value is set only if lockinServiceTypeCode is not blank. Value 'N' indicates 'services limited to following provider'.
168	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.	This value is set only if lockinServiceTypeCode is not blank. Value 'IND' indicates 'individual'.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
169	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS		
170	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				This value set if lockinServiceTypeCode is not blank.
171	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop.	This value is set only if lockinBeginDate > 0. Value '307' indicates 'eligibility'.
172	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	This value is set only if lockinBeginDate > 0.
173	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period			This value is set only if lockinBeginDate > 0.
174	LS01	R	1	6	AN	S	1					Loop Identifier Code		2120	Identifies the beginning of the Benefit Related Entity Name loop. Because the subscriber name loop and this loop both begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if 2120C is used.	This value set if lockinProviderLastName string length > 1.
175	NM101	R	2	3	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Identifier Code		13, 1P, 2B, 36, 73, FA, GP, IL, LR, P3, P4, P5, PR, PRP, SEP, TTP, VN, X3		This value is set only if lockinProviderNameType is not blank.
176	NM102	R	1	1	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Type Qualifier		1, 2	1=person 2=non-person entity	
177	NM103	S	1	35	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Name Last or Organization Name	Benefit Related Entity Last or Organization Name			
178	NM104	S	1	25	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Name First	Benefit Related Entity First Name		Use only if available and NM102=1	will be blank if lockin provider is not a person entity (ie NM102 = '2')
179	NM108	S	1	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code Qualifier		24, 34, 46, FA, FI, MI, NI, PI, PP, SV, XV, XX, ZZ		This value is set only if lockinProviderNumber is not blank.
180	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier			
181	NM108	S	1	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code Qualifier		24, 34, 46, FA, FI, MI, NI, PI, PP, SV, XV, XX, ZZ		<b>XX</b> This value is set only if lockinProviderNumber is not blank

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values			
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes		
182	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier					
183	PER01	R	2	2	ID	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Contact Function Code		IC	If segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommend that at least PER02, PER03 and PER04 are sent if this segment is used.	<b>This value is set only if lockinProviderPhone is not blank</b>		
184	PER03	S	2	2	ID	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Communication Number Qualifier		ED, EM, FX, TE, WP	ED=EDI Access Number; EM=email; FX=fax; TE=telephone; WP=work phone	<b>This value is set only if lockinProviderPhone is not blank</b>		
185	LE01	R	1	6	AN	S	1					Loop Identifier Code		2120	Contains same value as in LS01 of the LS segment	Translation map sets value to same as LS01.		
186	2110C: Rep 9															<b>Loop 2110C: Rep 9 (CHOICES Benefit Plan)</b>		
187	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		D	Value 'D' indicates 'Benefit Description'.	
188	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'Individual'.	
189	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	Value '60' indicates 'General Benefits'.	
190	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Choices benefit plan code plus description	CHOICES plan plus a benefit description for CHOICES members only	
191	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	435	Value '435' indicates plan admission date.	
192	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8		
193	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period					Admission date to CHOICES plan
194	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.			

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
195	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8 D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	RD8		
196	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Eligibility or Benefit Date Time Period				Start date to end date	
197	2110C: Rep 10															Loop 2110C: Rep10 (CHOICES PATIENT LIABILITY)	
198	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information	1-8, A-C, CB, D-M, MC, N-Y		C	Value 'C' indicates 'Deductible'.	
199	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1					IND	Value 'IND' indicates 'Individual'.	
200	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1					60	Value '60' indicates 'General Benefits'.	
201	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code	12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	Value 'OT' indicates 'Other'.	
202	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Patient Liability amount for CHOICES members only  CHOICES PATIENT LIABILITY AMOUNT	
203	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36	34	Value '34' indicates 'Monthly'.	
204	EB07	S	2	18	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Monetary Amount		Use this monetary amount as qualified by EB01		CHOICES monthly patient liability amount for CHOICES members only	
205	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.		

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
206	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8 D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	RD8	
207	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Eligibility or Benefit Date Time Period				Start date to end date
208	LOOP 2110C: Rep 11															LOOP 2110C: Rep 11 (THIRD PARTY LIABILITY)
209	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		This value is set only if TPLCoverageTypeDescription is not blank. Value 'R' indicates 'other or additional payer'.
210	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS		This value is set only if TPLCoverageTypeDescription is not blank. Value '30' indicates 'health benefit plan coverage'.
211	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				
212	First Segment Repetition : Policy Number															
213	REF01	R	2	3	ID	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification Qualifier		18, 1L, 1W, 49, 6P, 9F, A6, F6, G1, IG, N6, NQ	Use 1L, 1W, 18, 49, 6P, A6, F6, IG, N6 AND NQ only in an EB loop with EB01=R.	This value is set only if TPLPolicyNumber is not blank. Value 'IG' indicates 'insurance policy number'.
214	REF02	R	1	30	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification	Subscriber Eligibility or Benefit Identifier			
215	REF03	S	1	80	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Description	Plan Sponsor Name			Format: first + middleInitial + last or organization name
216	Second Segment Repetition : Group Number															

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
217	REF01	R	2	3	ID	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification Qualifier		18, 1L, 1W, 49, 6P, 9F, A6, F6, G1, IG, N6, NQ	Use 1L, 1W, 18, 49, 6P, A6, F6, IG, N6 AND NQ only in an EB loop with EB01=R.		
218	REF02	R	1	30	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification	Subscriber Eligibility or Benefit Identifier				This value is set only if groupPolicyNumber is not blank. Value '6P' indicates 'group number'.
219	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.		
220	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD		This value set only if TPLBeginDate string length > 0. Value '290' indicates 'coordination of benefits'.
221	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				This value set only if TPLBeginDate string length > 0.
222	LS01	R	1	6	AN	S	1					Loop Identifier Code		2120	Identifies the beginning of the Benefit Related Entity Name loop. Because the subscriber name loop and this loop both begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if 2120C is used.		Dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement.
223	NM101	R	2	3	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Identifier Code		13, 1P, 2B, 36, 73, FA, GP, IL, LR, P3, P4, P5, PR, PRP, SEP, TTP, VN, X3			This value set only if string length of TPLCarrierName > 1.
224	NM102	R	1	1	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Type Qualifier		1, 2	1=person 2=non-person entity		This value set only if TPLCarrierName is not blank. Value 'PRP' indicates 'primary payer'.
225	NM108	S	1	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code Qualifier		24, 34, 46, FA, FI, MI, NI, PI, PP, SV, XV, XX, ZZ			This value set only if TPLCarrierName is not blank.
226	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier				This value only set when TPLCarrierCode is not blank. 'PI' indicates 'payer identification'.

271 Batch Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
227	NM108	S	1	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code Qualifier		24, 34, 46, FA, FI, MI, NI, PI, PP, SV, XV, XX, ZZ		This value only set when TPLCarrierCode is not blank. 'PI' indicates 'payer identification'.
228	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier			
229	N301	R	1	55	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Address Information	Benefit Related Entity Address Line			
230	N302	S	1	55	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Address Information	Benefit Related Entity Address Line 2			
231	N401	S	2	30	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		City Name	Benefit Related Entity City Name			
232	N402	S	2	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		State or Province Code	Benefit Related Entity State Code	Required only if city is in U.S. or Canada.		
233	N403	S	3	15	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Postal Code	Benefit Related Entity Postal Zone or ZIP Code			
234	LE01	R	1	6	AN	S	1					Loop Identifier Code		2120	Contains same value as in LS01 of the LS segment	
235	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER	1		Transaction Set Control Number			= ST02	
236	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included				
237	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number			= GS06	
238	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups				
239	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number			= ISA13	
240																