

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03			Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					TennCare's ID 626001445 for Outbound Transactions.
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	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.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch was created by TennCare.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		401			
15	ISA13	R	9	9	NO	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HB			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code				=ISA06	Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code				=ISA08	Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time				=GE02	Same as GE02
24	GS06	R	1	9	NO	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					
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		271	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		0022	
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11		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	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source	20	
33	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1		1	
34	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=Paiver	P5	
35	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
36	NM103	S	1	35	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name				TennCare
37	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		
38	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		
39	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		
40	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, SV, XX		FI	
41	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			62-6001445	
42	HL03	R	1	2	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21	21=Information Receiver.	21	
43	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.	1	
44	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR			
45	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2			
46	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name				
47	NM104	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name First	Information Receiver First Name		Use only if NM102 = 1		
48	NM105	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Middle	Information Receiver Middle Name		Use only if NM102 = 1		
49	NM107	S	1	10	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Suffix	Information Receiver Name Suffix		Use only if NM102 = 1		
50	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX		34, FI, SV, XX	XX preferred value
51	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number		Qualified by NM108		
52	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			

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1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
53	REF02	R	1	30	AN	S	9	2100B	INFORMATION RECEIVER NAME	1		Reference Identification	Information Receiver Additional Identifier				
54	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 '08')		
55	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.	N	This segment is only created when there is an error having to do with the information receiver data received in the 270 transaction.
56	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	50,51	
57	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	C	
58	1ST GROUP: ECHO TRACE NUMBER S SENT IN 270																
59	TRN01	R	1	2	ID	S	3	2000C	SUBSCRIBER LEVEL	>1		Trace Type Code		1, 2	1=current transaction trace numbers 2=referenced trace numbers	2	
60	TRN02	R	1	30	AN	S	3	2000C	SUBSCRIBER LEVEL	>1		Reference Identification	Trace Number				
61	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.	TennCare Specific Value	
62	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.		

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1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
63	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL=Insured or Subscriber	IL	
64	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	
65	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.		
66	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.		
67	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		
68	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.	MI	
69	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.		
70	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, MI, N6, NQ, Q4, SY		NQ	Value being auto plugged by translation map
71	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.		
72	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, MI, N6, NQ, Q4, SY		EJ	
73	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.		
74	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.		
75	N302	S	1	55	ID	S	1	2100C	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line 2				
76	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.		
77	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		
78	N403	S	3	15	ID	S	1	2100C	SUBSCRIBER NAME	1		Postal Code	Subscriber Postal Zone or ZIP Code				
79	N405	S	1	2	ID	S	1	2100C	SUBSCRIBER NAME	1		Location Qualifier		CY, FI	CY=county/parish FI=FIPS 55 (Named Populated Places)	CY	
80	N406	S	1	30	AN	S	1	2100C	SUBSCRIBER NAME	1		Location Identifier	Location Identification Code				

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1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
81	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.	N	This segment is only created when there is an error having to do with the subscriber data received in the 270 transaction.
82	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 subscriber/insured id	57, 58, 62, 63, 72, 75, 76	
83	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	C	
84	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.	D8	
85	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		
86	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	F, M, U	
87	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	442 is date of death.
88	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	D8	
89	DTP03	R	1	35	AN	S	9	2100C	SUBSCRIBER DATE	1		Date Time Period					

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1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
90	LOOP 2110C: 1ST REPETITION (COPAY)																
91	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		B	
92	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
93	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						30	
94	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, WH	This information qualifies type of policy within insurance program defined in EB03.	MC	
95	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Copay Code	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
96	LOOP 2110C: 2ND REPETITION (MEDICARE PART A)																
97	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	1 indicates 'active'. This value is set only if Medicare PartA Indicator = 'MA'.
98	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.	IND	Value is set only if Medicare PartA Indicator = 'MA'.
99	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		30	Value is set only if MedicarePartAIndicator = 'MA'. '30' indicates 'health benefit plan coverage'

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1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
100	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, WH	This information qualifies type of policy within insurance program defined in EB03.	MA	MA' indicates 'Medicare Part A'
101	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Medicare Part A	Value is set only if Medicare PartA Indicator = 'MA'.
102	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 2110C	307	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.
103	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	This segment is only sent if Medicare PartA Indicator = 'MA'. This value is set only if Medicare PartA Begin Date > 0
104	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'.
105	LOOP 2110C: 3RD REPETITION (MEDICARE PART B)																
106	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	1 indicates 'active'. This value is set only if Medicare PartB Indicator = 'MB'.
107	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.	IND	Value is set only if Medicare PartB Indicator = 'MB'. 'IND' represents 'individual'.
108	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		30	Value is set only if Medicare PartB Indicator = 'MB'. Value '30' indicates 'health benefit plan coverage'.
109	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, WH	This information qualifies type of policy within insurance program defined in EB03.	MB	Value 'MB' indicates 'Medicare Part B'
110	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Medicare Part B	Value is set only if Medicare PartB Indicator = 'MB'.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
111	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.	307	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.
112	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	This segment is only sent if Medicare PartB Indicator = 'MB'. This value is set only if Medicare PartB BeginDate > 0.
113	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.
114	LOOP 2110C: 4TH REPETITION (ELIGIBILITY -- LONG TERM CARE)																
115	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	Value '1' indicates active
116	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.	IND	This value is set only if eligBenefitPlanDescription is Long Term Care. Value 'IND' indicates 'individual'.
117	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		54	Value '54' indicates 'LONG TERM CARE'.
118	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	LC=Long Term Care
119	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					
120	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.	307	This value is set only if elig Begin Date > 0. Value '307' indicates 'eligibility'.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
121	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	This value is set only if eligBeginDate > 0.
122	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				
123	LOOP 2110C: 5TH REPETITION (ELIGIBILITY -- RHO)																
124	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, 6	Value '1' indicates active, value '6' indicates 'inactive, not eligible'.
125	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.	IND	This value is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'.
126	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		30	This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.
127	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	OT' indicates 'Other'.
128	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					
129	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 2110C.	307	This value is set only if eligBeginDate > 0. Value '307' indicates 'eligibility'.
130	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	This value is set only if eligBeginDate > 0.
131	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.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
2	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	
132	LOOP 2110C: 6TH REPETITION (ELIGIBILITY -- HMO)																	
133	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, 6	Value '1' indicates active, value '6' indicates 'inactive, not eligible'.	
134	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.	IND	This value is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'.	
135	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		30	This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.	
136	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, WM		HM	HM' indicates 'health maintenance organization'.	
137	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
138	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 2110C	307	This value is set only if eligBeginDate > 0. Value '307' indicates 'eligibility'.	
139	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	This value is set only if eligBeginDate > 0.	
140	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.
141	LOOP 2110C: 7TH REPETITION (MANAGED CARE)																	
142	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		MC		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
143	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.	IND	
144	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		30	
145	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, WUI		MC	MC=Managed Care
146	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					last 3 bytes of mcc# + mcc name
147	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 as 1 see 2100C	307	
148	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	
149	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				
150	LOOP 2110C: 8TH REPETITION (LOCKIN)																
151	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		N	This value is set only if lockinServiceTypeCode is not blank. Value 'N' indicates 'services limited to following provider'.
152	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.	IND	This value is set only if lockinServiceTypeCode is not blank. Value 'IND' indicates 'individual'.
153	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		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-BS	
154	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Lockin	This value set if lockinServiceTypeCode is not blank.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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
155	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.	307	This value is set only if lockinBeginDate > 0. Value '307' indicates 'eligibility'.
156	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	This value is set only if lockinBeginDate > 0.
157	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.
158	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.	2120	This value set if lockinProviderLastName string length > 1.
159	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		1P	This value is set only if lockinProviderNameType is not blank.
160	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		
161	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				
162	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')
163	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		XX	This value is set only if lockinProviderNumber is not blank.
164	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier				
165	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.	IC	This value is set only if lockinProviderPhone is not blank.
166	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	TE	This value is set only if lockinProviderPhone is not blank.
167	PER04	S	1	80	AN	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Communication Number	Benefit Related Entity Communication Number		Format AAABBBCCCC. If extension sent, should be immediately following telephone number.		Format AAABBBCCCC
168	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.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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	LOOP 2110C: 9TH REPETITION (THIRD PARTY LIABILITY)																
170	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		R	This value is set only if TPLCoverageTypeDescription is not blank. Value 'R' indicates 'other or additional payer'.
171	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		30	This value is set only if TPLCoverageTypeDescription is not blank. Value '30' indicates 'health benefit plan coverage'.
172	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					
173	First Segment Repetition : Policy Number																
174	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.	IG	This value is set only if TPLPolicyNumber is not blank. Value 'IG' indicates 'insurance policy number'.
175	REF02	R	1	30	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification	Subscriber Eligibility or Benefit Identifier				
176	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
177	Second Segment Repetition : Group Number																
178	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.	6P	This value is set only if groupPolicyNumber is not blank. Value '6P' indicates 'group number'.
179	REF02	R	1	30	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification	Subscriber Eligibility or Benefit Identifier				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values		
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
180	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.	290	This value set only if TPLBeginDate string length > 0. Value '290' indicates 'coordination of benefits'.	
181	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	This value set only if TPLBeginDate string length > 0.	
182	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.	
183	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.	2120	This value set only if string length of TPLCarrierName > 1.	
184	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		13	This value set only if TPLCarrierName is not blank. Value 'PRP' indicates 'primary payer'.	
185	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	2	This value set only if TPLCarrierName is not blank.	
186	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		PI	This value only set when TPLCarrierCode is not blank. 'PI' indicates 'payer identification'.	
187	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier					
188	N301	R	1	55	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Address Information	Benefit Related Entity Address Line					
189	N302	S	1	55	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Address Information	Benefit Related Entity Address Line 2					
190	N401	S	2	30	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		City Name	Benefit Related Entity City Name					
191	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.			
192	N403	S	3	15	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Postal Code	Benefit Related Entity Postal Zone or ZIP Code					
193	LE01	R	1	6	AN	S	1					Loop Identifier Code		2120	Contains same value as in LS01 of the LS segment	=LS01		
194	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER	1		Transaction Set Control Number			Must be identical to the one in SE02			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Eligibility Response - 4010X092A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	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	GE01	R	1	6	NO	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
196	GE02	R	1	9	NO	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
197	IEA01	R	1	5	NO	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
198	IEA02	R	9	9	NO	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	