	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	270 Eligibility Request (Outbound) - 4010 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	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
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					This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID 626001445TC 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					This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID 626001445TC for Outbound Transactions.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			
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		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
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		HS			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					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					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	270 Eligibility Request (Outbound) - 4010 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	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
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					Same as GE02
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		270		270	
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		Start at 0001 and increment by 1
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		22	
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		01, 13, 36	01 (cancellation), 13 (request), 36 (authority to deduct)	13	The only kind of transaction that occurs is an eligibility inquiry request
31	BHT03	S	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used if transaction is processed in real time. Must be returned in 271 real-time transactions only if one is submitted in 270.		
32	BHT04	R	8	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date	Transaction Set Creation Date		CCYYMMDD format		System Date
33	BHT05	R	4	8	TM	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Time	Transaction Set Creation Time		HHMMM or HHMMSS or HHMMSSD or HHMMSSDD where HH (00-23) hours, M minutes, S seconds, D decimal seconds		System Time
34	NM101	R	2	3	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B (Third-Party Administrator), 36 (Employer), GP (Gateway Provider), P5 (Plan Sponsor), PR (Payer)	PR	
35	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1 (Person) or 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				Trading Partner Name
37	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, XV, XX	24 (Employer's Identification Number), 46(ETIN), FI (Federal Taxpayer's Identification Number), NI (NAÏF Identification), PI (Payor Identification). If the National PlanID is ever mandated for use, then value must be 'XV'. If the National Provider ID is ever mandated for use, then value must be 'XX'		TP Qualifier
38	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier				TP ID
39	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR	1P (provider), 2B (third-party administrator), 36 (employer), 80 (hospital), FA (facility), GP (gateway provider), P5 (plan sponsor), PR (payer)	1P	
40	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2	1 (Person) or 2 (Non-Person Entity)	2	
41	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name			TennCare	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	270 Eligibility Request (Outbound) - 4010 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	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
42	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX	24 (Employer's Identification Number), 34(Social Security Number), FI (Federal Taxpayer's Identification Number), PI (Payor Identification), PP (Pharmacy Processor Number), SV (Service Provider Number). If the National PlanID is ever mandated for use, must be 'XV'. If the National Provider ID is ever mandated for use, must be 'XX'. Otherwise, provider: SV is recommended. Payer must use PI. Employer must use 24.		Sender Qualifier
43	NM109	R	2	3	ID	R	2	2100B	INFORMATION RECEIVER NAME	2		Identification Code					Sender ID
44	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		EO	
45	REF02	R	1	30	AN	S	9	2100B	INFORMATION RECEIVER NAME	1		Reference Identification	Information Receiver Additional Identification				
46	PER01	R	2	2	ID	S	3	2100B	INFORMATION RECEIVER NAME	1		Contact Function Code		IC	IC (Information Contact)	IC	
47	PER02	S	1	60	AN	S	3	2100B	INFORMATION RECEIVER NAME	1		Name	Information receiver Contact Name		Use this data element when the contact name is not defined yet or different from the name in the prior name segment	CUSTOMER CALL CENTER	
48	PER03	S	2	2	ID	S	3	2100B	INFORMATION RECEIVER NAME	1		Communication Number Qualifier		ED, EM, FX, TE		TE	
49	PER04	S	1	80	AN	S	3	2100B	INFORMATION RECEIVER NAME	1		Communication Number	Information Receiver Communication Number		Required when PER02 is not present or additional contact number needs to be sent.	8006691851	
50	TRN01	R	1	2	ID	S	2	2000C	SUBSCRIBER LEVEL	>1		Trace Type Code		1	1 (Current transaction trace numbers)	1	
51	TRN02	R	1	30	AN	S	2	2000C	SUBSCRIBER LEVEL	>1		Reference Identification	Trace Number				
52	TRN03	R	10	10	AN	S	2	2000C	SUBSCRIBER LEVEL	>1		Originating Company Identifier	Trace Assigning Entity Identifier		First character 1 (EIN), 3 (DUNS), 9 (user assigned number). Remaining nine characters must be the corresponding identification number.		
53	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL (Insured or Subscriber)	IL	
54	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1 (person)	1	
55	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber last name		Use this name if the subscriber is the patient and using the HIPAA search option.		
56	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber first name		Use this name if the subscriber is the patient and using the HIPAA search option.		
57	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber middle name or initial		Use if information is known and will assist in identification, particularly when NOT utilizing the HIPAA search option.		
58	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI, ZZ	Use when utilizing the HIPAA search option. MI (Member Identification Number). When the HIPAA Individual Identifier has been adopted, then this field must be 'ZZ'.	MI	

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1	270 Eligibility Request (Outbound) - 4010 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	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
59	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber primary identifier		Use when utilizing the HIPAA search option.		SSN goes here--The database actually stores 12 characters, but only the first 11 are used. If the provider sends a BID that is longer than 11 characters in length, then it will not match a BID in the MMIS database.
60	REF01	R	2	3	ID	S	9	2100C	SUBSCRIBER NAME	1		Reference Identification Qualifier		18, 1L, 1W, 49, 6P, A6, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ, SY	SY is social security number; EJ is patient account number; See HIPAA Guide for meanings of other values.	SY	If this element is SY, then translation map uses REF02 to set recipientSSN. If this element is EJ, then translation map uses REF02 to set recipientPatientAcctNum. Otherwise, the value is not used.
61	REF02	R	1	30	AN	S	9	2100C	SUBSCRIBER NAME	1		Reference Identification	Subscriber Supplemental Identifier				Social Security Number or Recipient's Patient Account Number (on provider's system)
62	N301	R	1	55	AN	S	1	2100C	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line				
63	N302	S	1	55	AN	S	1	2100C	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line 2				
64	N401	S	2	30	AN	S	1	2100C	SUBSCRIBER NAME	1		City Name	Subscriber City Name				
65	N402	S	2	2	ID	S	1	2100C	SUBSCRIBER NAME	1		State or Province Code	Subscriber State Code		Only required when city name N401 is in the U.S. or Canada.		
66	N403	S	3	15	ID	S	1	2100C	SUBSCRIBER NAME	1		Postal Code	Subscriber Postal Zone or ZIP Code		Valid international postal zone code or U.S. ZIP code.		
67	N404	S	2	3	ID	S	1	2100C	SUBSCRIBER NAME	1		Country Code	Subscriber Country Code		Use only when subscriber's address is NOT in the U.S.		
68	DMG01	S	2	3	ID	S	1	2100C	SUBSCRIBER NAME	1		Date Time Period Format Qualifier		D8		D8	
69	DMG02	S	8	8	AN	S	1	2100C	SUBSCRIBER NAME	1		Date Time Period	Subscriber Birth Date		CCYYMMDD format		MM/DD/CCYY -- must be changed to proper format by EDI
70	DTP01	R	3	3	ID	S	2	2100C	SUBSCRIBER NAME	1		Date/Time Qualifier	Date Time Qualifier	102, 307, 435, 472	102 (Issue), 307 (Eligibility), 435 (Admission), 472 (Service). Only use '102' if utilizing a search option other than the HIPAA search option; and if Issue Date is present on the ID card and is available.	307	
71	DTP02	R	2	3	ID	S	2	2100C	SUBSCRIBER NAME	1		Date Time Period Format Qualifier		D8, RD8	D8 indicates a date in CCYYMMDD format. RD* indicates a range of dates in format CCYYMMDD-CCYYMMDD	D8	
72	DTP03	R	1	35	AN	S	2	2100C	SUBSCRIBER NAME	1		Date Time Period				System Date	
73	EQ01	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION	99		Service Type Code		1 - 28, 30, 32 - 99, A0 - A9, AA - AO, AQ, AR, BA BN, BP - BS	Not used if EQ02 is used. An information source must at least support a generic request for eligibility (use value '30'). Other service type codes may be supported at the discretion of the information source.	30	Please note that this segment is required and must have either EQ01 or EQ02 both defined.
74	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER			Transaction Set Control Number			The same control number as in ST02		
75	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
76	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
77	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					

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1	**270 Eligibility Request (Outbound) - 4010 HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	**Element ID**	**Elem Use**	**Min Len**	**Max Len**	**DataType**	**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**
78	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	