

# INGENIX®

## 271 Health Care Eligibility Benefit Inquiry Response Educational Guide

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### Disclaimer

INGENIX is still under development stages and frequent changes within this document are expected. This documentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although, every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of EDI transactions lies with the submitter.

INGENIX employees, agents, and staff make no representation, warranty, or guarantee that this compilation of data is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This document explains certain aspects of the 4010A1 and 5010 conversion specifications by INGENIX, but is not a legal document.

Note: The information documented was current as of February 2010.

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## Introduction

INGENIX is publishing this *Electronic Data Interchange (EDI) 271 Educational Guide* for the **ASC X12N Health Care Eligibility Benefit Response Transaction Set**.

The *Companion Guide* provides general information about EDI transmissions, such as delimiters, enveloping and related topics. This INGENIX *Educational Guide* will not duplicate these efforts, but instead will focus on the specific Segments and Elements which require additional attention when a conversion between the 4010A1 and 5010 formats is necessary.

The *Educational Guide* has been created in response to the HIPAA 5010 Mandate. This mandate, which goes into effect 1/1/2012, requires an interim transition period between conversion of the 4010A1 to the 5010 format. In order to ensure a smooth transition period, this guide provides the information necessary for a seamless conversion between the two versions by INGENIX and will improve the EDI transmissions during this period.

Please click on the link below to get to the *INGENIX Companion Guides*.

<http://www.ingenix.com/>

## Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with INGENIX. This *Educational Guide* may be an addendum to a new or existing Trading Partner Agreement.
2. 4010A1 and 5010 versions can not exist in the same file content.
3. 4010A1 and 5010 *Companion Guide* information still applies.

## Description

### **Section 1- For X12 5010 Submitters ONLY (Payer 4010A1 to 5010 conversion)**

This section is for submitters sending an X12 5010 270 real-time eligibility requests to any Payers that are on the X12 4010A1 format. Specifically, this guide will address the conversion rules that will occur to the Payer's 271 4010A1 response to those submissions. If the requests are not going to a 4010A1 Payer, Ingenix will not be converting the files and they will stay in the 5010 format.

### **Section 2 - For X12 4010A1 Submitters ONLY (Payer 5010 to 4010A1 conversion)**

This section is for submitters sending an X12 4010A1 270 real-time eligibility requests to any Payers that are on the X12 5010 format. Specifically, this section of the guide will address the conversion rules that will occur to the Payer's 271 5010 response to those submissions. If the requests are not going to a 5010 Payer, Ingenix will not be converting the files and they will stay in the 4010A1 format

## Section 1 - For X12 5010 270 Submitter ONLY

### *4010A1 to 5010 Conversion Specifications – 271 Eligibility Response*

The following table details Segments and data Elements that are different in 5010 compared to 4010A1, and will require INGENIX to do a conversion when receiving 4010A1 files from the Payers and sending 5010 files to submitters.

<b>Loop</b>				
<b>Segment</b>	<b>Element</b>	<b>4010A1 Payer Outbound value</b>	<b>5010 Submitter Inbound value</b>	<b>Conversion Description</b>
<b>ISA</b> – Interchange Control Header	<b>ISA12</b> - Version Number	00401	00501	Change from the 4010 version number to the 5010 version number.
<b>GS</b> – Functional Group Header	<b>GS08</b> – Code Identifier	004010X092A1	005010X279	Change the Code Identifier from the 4010A1 value to the 5010 value
<b>ST</b> – Transaction Set Header	<b>ST03</b> - Implementation Convention Reference		005010X279	New Element in 5010 - Default to 005010X279
<b>2100A – Information Source Name Loop</b>				
<b>AAA</b> - Information Source Request Validation	<b>AAA03</b> - Reject Reason Code	80 T4	42 79	The code values 80 and T4 were deleted in 5010. If those values are received, 80 will map to 42 and T4 will map to 79.
<b>2100C – Subscriber Name Loop</b>				
<b>NM1</b> - Subscriber Name	<b>NM108</b> – Identification Code Qualifier	ZZ	MI	The code value ZZ was deleted in 5010. If a ZZ is received, that will map to a value of MI.
<b>AAA</b> - Subscriber Request Validation	<b>AAA03</b> - Reject Reason Code	64 65 66 67 68 77	72 73 74 75 76 75	The code values listed were deleted from 5010. They will map as follows  64 maps to 72 65 maps to 73 66 maps to 74 67 maps to 75 68 maps to 76 77 maps to 75

Loop				
Segment	Element	4010A1 Payer Outbound value	5010 Submitter Inbound value	Conversion Description
HI - Subscriber Health Diagnosis Code				The HI Segment is new in 5010. The mapping will occur from 4010A1 2115C III Segment to the 5010 2100C HI Segment.
HI - Subscriber Health Diagnosis Code	HI01-1 - Principal Diagnosis Code Code List Qualifier Code		BK	Will default to BK, but only if an III01 BK Segment exists in any of the 2115C Loops.
HI - Subscriber Health Diagnosis Code	HI01-2 - Principal Diagnosis Code Diagnosis Code			Will populate with the III02 value from the first III01 BK value found in any of the 10 2115C Loops.
HI - Subscriber Health Diagnosis Code	HI102-1 HI103-1 HI104-1 HI105-1 HI106-1 HI107-1 HI108-1 – Diagnosis Code List Qualifier Code		BF	Will populate and default to BF for each of the III01 BF values found in the 4010A1 2115C Loops. Up to 7.
HI - Subscriber Health Diagnosis Code	HI102-2 HI103-2 HI104-2 HI105-2 HI106-2 HI107-2 HI108-2 – Diagnosis Code			Will populate with the III02 value from the III01 BF values found in the 4010A1 2115C Loops. Up to 7.
2110C – Subscriber Eligibility or Benefit Inquiry Loop				
REF - Subscriber Additional Identification	REF01 - Reference Identification Qualifier	A6		The code value A6 was deleted in 5010. If an A6 is received, the Segment will be dropped.

Loop				
Segment	Element	4010A1 Payer Outbound value	5010 Submitter Inbound value	Conversion Description
<b>2115C – Subscriber Eligibility or Benefit Additional Information Loop</b>				
III - Subscriber Eligibility/Benefit Additional Information	III01 - Code list Qualifier Code	BF BK		If a ZZ code value is received in the 4010A1, the entire Segment will be copied to 5010. If any other code value is received the Segment will be dropped.
<b>2120C – Subscriber Benefit Related Entity Name Loop</b>				
NM1 - Subscriber Benefit Related Entity Name	NM108 - Identification Code Qualifier	ZZ	MI	The code value ZZ was deleted in 5010. If a ZZ is received, that will map to a value of MI.
PRV - Subscriber Benefit Related Entity Provider Information	PRV02 - Reference Identification Qualifier	ZZ	PXC	The code value ZZ was deleted in 5010. If that is received, it will be mapped to PXC. If any other codes are received, the Segment will be dropped.
<b>2000D – Dependent Level Loop</b>				
Loop Usage Change				<p>There is a structural change in 5010 regarding how and where the dependent information is returned. If the Dependent NM109, ID value, is different than the Subscriber NM109 value, then the Dependent data should be returned in the Subscriber Loop.</p> <p>Will compare the 2100C NM109 to the 2100D NM109. If they are different, the dependent information will be moved to the subscriber Loop.</p>
<b>2100D – Dependent Name Loop</b>				
NM1 - Dependent Name	NM108 - Identification Code Qualifier			If the Dependent Loop is created, this Element will be dropped, as it is "NOT USED" in 5010.
NM1 - Dependent Name	NM109 - Identification Code			If the Dependent Loop is created, this Element will be dropped, as it is "NOT USED" in 5010.
REF - Dependent Additional Identification	REF01 - Reference Identification Qualifier	1W A6 M7		The code values 1W, A6, and M7 were deleted from 5010. Will drop the Segment if any of those code values are received.
INS - Dependent Relationship	INS02 - Individual Relationship Code	34	G8	The code value 34 was deleted from 5010. If that value is received, will map code value 34 to G8.
HI - Dependent Health Diagnosis Code				Mapping will occur from 4010A1 2115D III Segment to the 5010 2100D HI Segment.

Loop				
Segment	Element	4010A1 Payer Outbound value	5010 Submitter Inbound value	Conversion Description
HI - Dependent Health Diagnosis Code	HI01-1 - Principal Diagnosis Code Code List Qualifier Code		BK	Will default to BK, but only if an III01 BK Segment exists in any of the 2115D Loops.
HI - Dependent Health Diagnosis Code	HI01-2 - Principal Diagnosis Code			Will populate with the III02 value from the first III01 BK value found in any of the 10 2115D Loops.
HI - Dependent Health Diagnosis Code	HI102-1 HI103-1 HI104-1 HI105-1 HI106-1 HI107-1 HI108-1 – Diagnosis Code List Qualifier Code		BF	Will populate and default to BF for each of the III01 BF values found in the 4010A1 2115D Loops. Up to 7.
HI - Dependent Health Diagnosis Code	HI102-2 HI103-2 HI104-2 HI105-2 HI106-2 HI107-2 HI108-2 – Diagnosis Code			Will populate with the III02 value from the III01 BF values found in the 4010A1 2115D Loops. Up to 7.
2110D – Dependent Eligibility or Benefit Inquiry Loop				
REF - Dependent Additional Identification	REF01 - Reference Identification Qualifier	A6		If and A6 value is received, the Segment will be dropped.
2115D – Dependent Eligibility or Benefit Additional Information Loop				
III - Dependent Eligibility/Benefit Additional Information	III01 - Code list Qualifier Code	ZZ	ZZ	If a ZZ code value is received, the entire Segment will be passed to 5010. If any other code value is received, the entire Segment will be dropped.
2120D – Dependent Benefit Related Entity Name Loop				
NM1 - Dependent Benefit Related Entity Name	NM108 - Identification Code Qualifier	ZZ	MI	The code value ZZ was deleted in 5010. If that value is received, it will be mapped to MI.
PRV - Dependent Benefit Related Entity Provider Information	PRV02 - Reference Identification Qualifier	9K, D3, EI, HPI, SY, ZZ	PXC	The code values listed were deleted in 5010. If code ZZ is received, it will be mapped to PXC. If any of the other 5 is received, the Segment will be dropped.

## **Section 2 - For X12 4010A1 270 Submitter ONLY**

### ***5010 to 4010A1 Conversion Specifications – 271 Eligibility Response***

The following table details Segments and data Elements that require specific information for INGENIX to do a clear conversion when receiving 5010 files the Payers and sending 4010A1 files to the submitters.

#### 5010 note for conversion strategy.

In the 5010 TR3 there are the following two new Situational Rules –

1. HL – SUBSCRIBER LEVEL
  - a. Required unless the 271 response contains a AAA Segment in Loop 2000A, 2100A or 2100B. If not required by this implementation guide, may be provided at sender's discretion but cannot be required by the receiver.
2. HL – DEPENDENT LEVEL
  - a. Required if the patient is a dependent who does not have a unique Member Identification Number (See Section 1.4.2) unless the 271 response contains an AAA Segment in Loop 2000A, 2100A, 2100B, 2100C or 2110C. If not required by this implementation guide, may be provided at sender's discretion but cannot be required by the receiver.

Based on these rules, if INGENIX receives a 5010 high level minimal AAA response, during the conversion process from a 5010 to a 4010A1, INGENIX will supplement the conversion rules defined below, and return a more robust 4010A1 271 response including the 2000A, 2100A, 2100B, 2100C, and 2100D (if applicable) Loops. The data not available from the 5010 Payer response will be captured from the 4010A1 270 request.



Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
<b>ISA</b> – Interchange Control Header	<b>ISA12</b> - Version Number	00501	00401	Change from the 5010 version number to the 4010 version number.
<b>GS</b> – Functional Group Header	<b>GS08</b> – Code Identifier	005010X279	004010X092 A1	Change the Code Identifier from the 5010 value to the 4010A1 value
<b>ST</b> – Transaction Set Header	<b>ST03</b> - Implementation Convention Reference	005010X279		This Element will be dropped in 4010A1.
<b>BHT</b> – Beginning of Hierarchical Transaction	<b>BHT02</b> - Transaction Set Purpose Code	06	11	The code value 06 was added to 5010. If that value is received, it will be mapped to 11.
<b>BHT</b> – Beginning of Hierarchical Transaction	<b>BHT03</b> – Reference Identification			The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
2100A – Information Source Name Loop				
<b>PER</b> - Information Source Contact Information	<b>PER03</b> – <b>PER05</b> – <b>PER07</b> - Communications Number Qualifier	UR		The code value UR was added in 5010. If UR is the only value returned in the PER03, PER05, or PER07 Elements, then the Segment will be dropped. If values other than UR are received, ED, EM, FX or TE, those will be passed back in the 4010A1 conversion process, based on the 4010A1 IG Element rules for the PER Segment.
2100B – Information Receiver Name Loop				
<b>NM1</b> - Information Receiver Name	<b>NM103</b> - Name Last or organization Name	Length: 60	Length: 35	The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
<b>NM1</b> - Information Receiver Name	<b>NM104</b> - Name First	Length: 35	Length: 25	The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
<b>REF</b> - Information Receiver Additional Identification	<b>REF02</b> - Reference Identification	Length: 50	Length: 30	The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
2000C – Subscriber Loop				

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
TRN - Subscriber level	TRN02 - Reference Identification Trace Number	Length: 50	Length: 30	The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
TRN - Subscriber level	TRN04 - Reference Identification Trace Assigning Entity Additional Identifier	Length: 50	Length: 30	The 4010A1 value will be populated with the 4010A1 value submitted in the 270 request.
2100C – Subscriber Name Loop				
NM1 - Subscriber Name	NM108 – Identification Code Qualifier	II	MI	The code value II was added in 5010. If an II is received, it will be mapped to a MI.
REF - Subscriber Additional Identification	REF01 - Reference Identification Qualifier	Y4		The code value Y4 was added in 5010. If Y4 is received, the Segment will be dropped in 4010A1.
AAA - Subscriber Request Validation	AAA03 - Reject Reason Code	35	49	The code value 35 was added to 5010. If that value is received, will map that to 49.
HI - Subscriber Health Diagnosis Code				Mapping will occur from the 5010 2100C HI Segment to the 4010A1 2115C III Segments.
HI - Subscriber Health Diagnosis Code	HI01-1 - Principal Diagnosis Code Code List Qualifier Code	ABK BK		Will map BK to the 2115C III Segment in III01, in the first Loop. If ABK is passed, the III Segments will not be created.
HI - Subscriber Health Diagnosis Code	HI01-2 - Principal Diagnosis Code Diagnosis Code			Will map to the first 2115C Loop III Segment in III02
HI - Subscriber Health Diagnosis Code	HI102-1 HI103-1 HI104-1 HI105-1 HI106-1 HI107-1 HI108-1 – Diagnosis Code List Qualifier Code	ABF BF		If populated, will create a new 2115C Loop III Segment, and map BF to III01. If ABF is passed, the III Segments will not be created..

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
HI - Subscriber Health Diagnosis Code	HI102-2 HI103-2 HI104-2 HI105-2 HI106-2 HI107-2 HI108-2 – Diagnosis Code			If populated, will map to the new 2115C Loop III Segments, created for HI102-1 through HI108-1 (above) and map to III02.
DTP - Subscriber Date	DTP01 - Date/Time Qualifier	096		The code values 096, was added in 5010. If 096 is received the Segment will be dropped in 4010A1.
2110C – Subscriber Eligibility or Benefit Inquiry Loop				
EB - Subscriber Eligibility or Benefit Information	EB03 - Service Type Code	BT, BU, BV, BW, BX, BY, BZ, C1, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, DG, DM, DS, GF, GN, GY, IC, MH, NI, ON, PT, PU, RN, RT, TC, TN, UC		These codes were added in the 5010. If any of these values are received, the EB Segment will be dropped. If all 5010 EB Segments contains only new 5010 code values, a default EB Segment with EB01 = V will be created.
EB - Subscriber Eligibility or Benefit Information	EB09 - Quantity Qualifier	8H D3		The code values BH and D3 were added in 5010. If either of these codes is received, both the EB09 and EB10 Elements will be dropped in 4010A1.
EB - Subscriber Eligibility or Benefit Information	EB12 - In Plan Network Indicator	W		The code value W was added in 5010. If this value is received, this Element will be dropped in 4010A1.
REF - Subscriber Additional Information	REF01 - Reference Identification Qualifier	ALS CLI G1 M7		These code values were added in 5010. If any of these are received, the Segment will be dropped in 4010A1.
DTP - Subscriber Eligibility/Benefit Date	DTP01 - Date/Time Qualifier	096 291 346 771		The code values were added in 5010. If any of these values are received, the Segment will be dropped in 4010A1.

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
AAA - Subscriber Request Validation	AAA03 - Reject Reason Code	33, 54, 98, AA, AE, AF, AG, AO, CI, E8, IA, MA	55 15	These code values were added in 5010. Will map 54 to 55 and 33 to 15. All remaining new 5010 codes will map to 15, and a supplemental MSG Segment representing the actual code value will be created.
<b>2115C – Subscriber Eligibility or Benefit Additional Information Loop</b>				
III - Subscriber Eligibility/Benefit Additional Information	III01 - Code list Qualifier Code	ZZ		If a ZZ code value is received, the entire Segment will be passed to 4010A1. If any other code values are received, the entire Segment will be dropped.
<b>2120C – Subscriber Benefit Related Entity Name Loop</b>				
NM1 - Subscriber Benefit Related Entity Name	NM101 - Entity Identifier Code	1L GW I3 OC VY	PR P5 1P PR PR	The code values listed were added in 5010. If those values are received, 1L will map to PR, GW will map to P5, I3 will map to 1P, OC will map to PR, and VY will map to PR.
NM1 - Subscriber Benefit Related Entity Name	NM108 - Identification Code Qualifier	II	MI	The code value II was added in 5010. If that value is received, it will map to MI.
PER - Subscriber Benefit Related Entity Contact Information	PER03 PER05 PER07	UR		The code value UR was added in 5010. If that value is received in any of these Elements, that Element will be dropped.
PRV - Subscriber Benefit Related Entity Provider Information	PRV02 - Reference Identification Qualifier	PXC	ZZ	The 4010A1 code value of ZZ was changed to PXC in 5010. Will map PXC to ZZ in 4010A1.
<b>2100D – Dependent Name Loop</b>				
REF - Dependent Additional Identification	REF01 - Reference Identification Qualifier	MRC Y4		These code values were added in 5010. If they are received, the Segment will be dropped in 4010A1.
AAA - Dependent Request Validation	AAA03 - Reject Reason Code	35 77	49 67	The code values 35 and 77 were added in 5010. If received, 35 will map to 49, and 77 will map to 67.
INS - Dependent Relationship	INS02 - Individual Relationship Code	20 39 40 53 G8	34	These code values were added in 5010. If any of them are received, they will map to 34.
HI - Dependent Health Diagnosis Code				Mapping will occur from the 5010 2100D HI Segment to the 4010A1 2115D III Segments.

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
HI - Dependent Health Diagnosis Code	HI01-1 - Principal Diagnosis Code Code List Qualifier Code	ABK BK		Will map BK to the 2115D III Segment in III01, in the first Loop. If ABK is passed, the III Segments will not be created
HI - Dependent Health Diagnosis Code	HI01-2 - Principal Diagnosis Code Diagnosis Code			Will map to the first 2115D Loop III Segment in III02
HI - Dependent Health Diagnosis Code	HI102-1 HI103-1 HI104-1 HI105-1 HI106-1 HI107-1 HI108-1 – Diagnosis Code List Qualifier Code	ABF BF		If populated, will create a new 2115D Loop III Segment, and map BF to III01. If ABK is passed, the III Segments will not be created.
HI - Dependent Health Diagnosis Code	HI102-2 HI103-2 HI104-2 HI105-2 HI106-2 HI107-2 HI108-2 – Diagnosis Code			If populated, will map to the new 2115D III Segment created for the -1 part of the composite Element.
DTP - Dependent Date	DTP01 - Date/Time Qualifier	096 356 357		If a 096 or 771 are received, the Segment will be dropped. If a 356 and a 357 are received, those values will map to a single DTP Segment with DTP01 populated with 307, and DTP02 populated with RD8. If only a 356 or a 357 is received, that value will populate DTP01 with a 307, and DTP02 with a D8.
2110D – Dependent Eligibility or Benefit Inquiry Loop				
EB - Dependent Eligibility or Benefit Information	EB02 - Coverage Level Code	EMP	IND	The code value EMP was added in 5010. If received, it will map to IND

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
EB - Dependent Eligibility or Benefit Information	EB03 - Service Type Code	BT, BU, BV, BW, BX, BY, BZ, C1, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, DG, DM, DS, GF, GN, GY, IC, MH, NI, ON, PT, PU, RN, RT, TC, TN, UC		These codes were added in 5010. If any of these values are received, the EB Segment will be dropped. If all 5010 EB Segments contains only new 5010 code values, a default EB Segment with EB01 = V will be created.
EB - Dependent Eligibility or Benefit Information	EB09 - Quantity Qualifier	8H B3		These codes were added in 5010. If either is received, will drop both the EB09 and EB10 Elements in 4010A1.
EB - Dependent Eligibility or Benefit Information	EB12 - In Plan Network Indicator	W		The code value W was added on 5010. If this value is received the Element will be dropped in 4010A1.
REF - Dependent Additional Information	REF01 - Reference Identification Qualifier	ALS CLI G1		These code values were added in 5010. If any are received, the Segment will be dropped in 4010A1.
DTP - Dependent Eligibility/Benefit Date	DTP01 - Date/Time Qualifier	096 291 346 771		These code values were added in 5010. If any of these values are received, the Segment will be dropped in 4010A1.
AAA - Dependent Request Validation	AAA03 - Reject Reason Code	33, 54, 98, AA, AE, AF, AG, AO, CI, E8, IA, MA	55 15	These code values were added in 5010. Will map 54 to 55 and 33 to 15. All remaining new 5010 codes will map to 15, and a supplemental MSG Segment representing the actual code value will be created.
2115D – Dependent Eligibility or Benefit Additional Information Loop				
III - Dependent Eligibility/Benefit Additional Information	III01 - Code list Qualifier Code	ZZ		If a ZZ code value is received, the Segment will be copied to 4010A1. If any other code values are received, the Segment will be dropped.

Loop				
Segment	Element	5010 Payer Outbound value	4010A1 Submitter Inbound value	Conversion Description
<b>2120C – Dependent Benefit Related Entity Name Loop</b>				
<b>NM1</b> - Dependent Benefit Related Entity Name	<b>NM101</b> - Entity Identifier Code	1L GW I3 OC VY	PR P5 1P PR PR	The code values list we added in 5010. If those values are received, 1L will map to PR, GW will map to P5, I3 will map to 1P, OC will map to PR, and VY will map to PR.
<b>NM1</b> - Dependent Benefit Related Entity Name	<b>NM108</b> - Identification Code Qualifier	II	MI	The code value II was added in 5010. If that value is received, it will map to MI.
<b>PER</b> - Dependent Benefit Related Entity Contact Information	<b>PER03</b> <b>PER05</b> <b>PER07</b>	UR		The code value UR was added in 5010. If that value is received in any of these Elements, that Element will be dropped.
<b>PRV</b> - Dependent Benefit Related Entity Provider Information	<b>PRV02</b> - Reference Identification Qualifier	PXC	ZZ	The 4010A1 code value of ZZ was changed to PXC in 5010. Will map PXC to ZZ in 4010A1.

## Change Log

Version	Description	Author	Date
1.0	Initial Release	Dean Brehm	03-2010
1.1	Content Modifications	Dean Brehm	05-25-10