

Medicare Part A / B TrOOP Eligibility Inquiry Testing – E1

Test Case 1 - Eligibility Transaction – Accepted Response Claim

Part A Eligible Response

TRANSACTION HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
XXX-XX	NDC TRANSACTION PREFIX	HN*
101-A1	BIN NUMBER	012361
102-A2	VERSION/RELEASE NUMBER	D0
103-A2	TRANSACTION CODE	E1
104-A4	PROCESSOR CONTROL NUMBER	ABINQUIRY
109-A9	TRANSACTION COUNT	1
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	ABELIG

PATIENT SEGMENT

FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	01
304-C4	DATE OF BIRTH	19730114
305-C5	PATIENT GENDER CODE	2
310-CA	PATIENT FIRST NAME	JANICE
311-CB	PATIENT LAST NAME	BROWN
325-CP	PATIENT ZIP/POSTAL ZONE	30301

INSURANCE SEGMENT

FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	04
302-C2	CARDHOLDER ID	0114

Response

RESPONSE HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
102-A2	VERSION/RELEASE NUMBER	D0
103-A3	TRANSACTION CODE	E1
109-A9	TRANSACTION COUNT	1
501-F1	HEADER RESPONSE STATUS	A
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE

RESPONSE MESSAGE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	20
504-F4	MESSAGE	MEDICARE A/B CHECK:ID: 211111234A;DOB: 19730114;LN:BROWN;FN:JANICE;ZIP:30301;AB:A;
RESPONSE STATUS SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	21
112-AN	TRANSACTION RESPONSE STATUS	A
526-FQ	ADDITIONAL MESSAGE INFORMATION	

Test Case 2 - Eligibility Transaction – Accepted Response Claim

Part B Eligible Response

TRANSACTION HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
XXX-XX	NDC TRANSACTION PREFIX	HN*
101-A1	BIN NUMBER	012361
102-A2	VERSION/RELEASE NUMBER	D0
103-A2	TRANSACTION CODE	E1
104-A4	PROCESSOR CONTROL NUMBER	ABINQUIRY
109-A9	TRANSACTION COUNT	1
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	ABELIG
PATIENT SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	01
304-C4	DATE OF BIRTH	19250508
305-C5	PATIENT GENDER CODE	1
310-CA	PATIENT FIRST NAME	GEORGE
311-CB	PATIENT LAST NAME	BROWNLEE
325-CP	PATIENT ZIP/POSTAL ZONE	30339
INSURANCE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	04
302-C2	CARDHOLDER ID	0508

Response

RESPONSE HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
102-A2	VERSION/RELEASE NUMBER	D0
103-A3	TRANSACTION CODE	E1
109-A9	TRANSACTION COUNT	1
501-F1	HEADER RESPONSE STATUS	A
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
RESPONSE MESSAGE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	20
504-F4	MESSAGE	MEDICARE A/B CHECK;ID: 211113134M;DOB: 19250508;LN:BROWNLEE;FN:GEORGE;ZIP:30339;AB:B;
RESPONSE STATUS SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	21
112-AN	TRANSACTION RESPONSE STATUS	A
112-AN	ADDITIONAL MESSAGE INFORMATION	

Test Case 3 - Eligibility Transaction – Accepted Response Claim

AB Eligible Response

TRANSACTION HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
XXX-XX	NDC TRANSACTION PREFIX	HN*
101-A1	BIN NUMBER	012361
102-A2	VERSION/RELEASE NUMBER	D0
103-A2	TRANSACTION CODE	E1
104-A4	PROCESSOR CONTROL NUMBER	ABINQUIRY
109-A9	TRANSACTION COUNT	1
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	ABELIG
PATIENT SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	01
304-C4	DATE OF BIRTH	19420901
305-C5	PATIENT GENDER CODE	2
310-CA	PATIENT FIRST NAME	BARBARA
311-CB	PATIENT LAST NAME	ADAMS
325-CP	PATIENT ZIP/POSTAL ZONE	30319
INSURANCE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	04
302-C2	CARDHOLDER ID	0901

Response

RESPONSE HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
102-A2	VERSION/RELEASE NUMBER	D0
103-A3	TRANSACTION CODE	E1
109-A9	TRANSACTION COUNT	1
501-F1	HEADER RESPONSE STATUS	A
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE

RESPONSE MESSAGE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	20
504-F4	MESSAGE	MEDICARE A/B CHECK:ID: 211114124A;DOB: 19420901;LN:ADAMS;FN:BARBARA;ZIP:30319;AB:AB;
RESPONSE STATUS SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	21
112-AN	TRANSACTION RESPONSE STATUS	A
526-FQ	ADDITIONAL MESSAGE INFORMATION	

Test Case 4 - Eligibility Transaction – Accepted Response Claim

No Match Response

TRANSACTION HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
XXX-XX	NDC TRANSACTION PREFIX	HN*
101-A1	BIN NUMBER	012361
102-A2	VERSION/RELEASE NUMBER	D0
103-A2	TRANSACTION CODE	E1
104-A4	PROCESSOR CONTROL NUMBER	ABINQUIRY
109-A9	TRANSACTION COUNT	1
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	ABELIG
PATIENT SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	01
304-C4	DATE OF BIRTH	19200214
305-C5	PATIENT GENDER CODE	2
310-CA	PATIENT FIRST NAME	ALEX
311-CB	PATIENT LAST NAME	HEMBREE
325-CP	PATIENT ZIP/POSTAL ZONE	31064
INSURANCE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	04
302-C2	CARDHOLDER ID	9856

Response

RESPONSE HEADER SEGMENT		
FIELD	FIELD NAME	VALUE
102-A2	VERSION/RELEASE NUMBER	D0
103-A3	TRANSACTION CODE	E1
109-A9	TRANSACTION COUNT	1
501-F1	HEADER RESPONSE STATUS	A
202-B2	SERVICE PROVIDER ID QUALIFIER	07
201-B1	SERVICE PROVIDER ID	ENTER YOUR SERVICE PROVIDER ID HERE
401-D1	DATE OF SERVICE	USE CURRENT DATE
RESPONSE MESSAGE SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	20
504-F4	MESSAGE	MEDICARE A/B CHECK;NON MATCH MEMBER ID
RESPONSE STATUS SEGMENT		
FIELD	FIELD NAME	VALUE
111-AM	SEGMENT IDENTIFICATION	21
112-AN	TRANSACTION RESPONSE STATUS	A
526-FQ	ADDITIONAL MESSAGE INFORMATION	