



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

October 2008

Dear Software Developer,

We recently published a revised copy of the *BCBSM EDI Professional 270/271 Companion Document* on our Web site at:

http://www.bcbsm.com/pdf/systems_elig_benefit_inq_and_response_270_271.pdf.

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If you have any questions regarding this information, please call the Electronic Data Interchange department, at 800-542-0945.

Sincerely,



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of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan HIPAA EDI Companion Document

For the American National Standards Institute (ANSI) ASC X12N 270/271 (004010X092A1)

Health Care Eligibility Benefit Inquiry and Response

Blue Cross Blue Shield of Michigan
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Introduction

This document is the property of Blue Cross Blue Shield of Michigan and is for use solely in your capacity as a trading partner of health care transactions with BCBSM.

This document provides information related to specific elements within the addenda version of the ANSI ASC X12N 270/271 transactions, but:

- It does not change the definition, data condition, or use of a data element or segment in a standard.
- It does not add data elements or segments to the maximum defined data set.
- It does not use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s).
- It does not change the meaning or intent of the HIPAA standards implementation specifications.¹

This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 270/271 transaction set Addenda Implementation Guides. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable HIPAA Implementation Guides published by Washington Publishing Company. Implementation guides can be downloaded from the Washington Publishing Company web site at www.wpc-edi.com. Copyright (c) 2000, Data Interchange Standards Association on behalf of ASC X12.Format (c) 2000, Washington Publishing Company. All Rights Reserved.

This document is incorporated by reference in the EDI Trading Partner Agreement. All instructions were written as known at the time of publication and are subject to change. Changes will be communicated in future letters and on the BCBSM web site: www.bcbsm.com.

Appropriate steps must be taken before submitting production addenda ANSI ASC X12N transactions, such as testing, completion of an EDI Trading Partner Agreement and demographic confirmation with our customer support staff. To begin this process, receive more information or ask questions, please contact the EDI Help Desk at 800-542-0945 (choose **marketing** option).

¹Standards for Electronic Transactions, *Federal Register*, Vol. 65, No. 160, August 17, 2000 pg. 50368

ANSI ASC X12N 270/271 (004010X092A1) – Reporting Instruction Clarifications

General Overview

The addenda version of the (ANSI) ASC X12N 270/271 transaction sets was selected as the format to meet HIPAA requirements for electronic eligibility benefit inquiries and responses. They were designed so that inquiry submitters (information receiver) can determine:

- Whether an information source organization (e.g. payer) has a particular subscriber or dependent on file.
- The healthcare eligibility and/or benefit information about that subscriber and/or dependent(s).

The data available through these transaction sets is used to verify an individual's eligibility and benefits, but cannot provide a history of benefit use.

BCBSM has chosen to implement exchange of the addenda (ANSI) ASC X12N 270/271 transaction sets as a real-time application. Eligibility and benefit inquiries will be available for professional, institutional and dental inquiries and can also be submitted for members from other Blue Cross and/or Blue Shield plans, including FEP inquires. These transactions will be routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange. Medicare Plus Blue (ANSI) ASC X12N 270/271 transactions will receive a canned message for dates of service prior to 01/01/07. For dates of service after 01/01/07 an eligibility response will be returned if applicable. Eligibility and benefit inquires will be available for Michigan Medicaid beneficiaries.

Please note that data must be transmitted in a continuous string for proper processing of the inbound transaction.

Hierarchical Structure

The hierarchical structure identifies relationships between the information source, information receiver, subscriber and dependent.

- The information source is the entity that has the answer to the questions being asked in the inquiry. It is typically an insurer or payer.
- The information receiver is the entity who is asking the questions in an inquiry. It is typically the medical service provider.
- The subscriber is a person who can be uniquely identified to an information source. The subscriber may or may not be the patient.
- The dependent is a person who cannot be uniquely identified to an information source, but can be identified when associated with a subscriber.
- The patient can be either the subscriber or the dependent. The policy holder would be considered the subscriber. Related dependents are identified through the subscriber.

Supported Business Functions

The (ANSI) ASC X12N 270/271 transaction sets support general, categorical and specific requests and responses. The detail of the health care eligibility or benefit information being requested by the inquiry submitter from the information source organization is identified in an inquiry data segment. The response is based on a business agreement with the inquiry submitter and what information is available to provide. The content of the (ANSI) ASC X12N 270/271 transaction varies, depending on the level of data made available by the information source organization.

Appendices:

All plans are required to specifically answer the 55 services types which are bold-faced. Those not bolded will be supported by a generic response unless BCBSM/BCN has the ability to support the specific request. BlueExchange Home plans may also choose to respond to a specific request outside of the 55 service types but must also adhere to the required bold faced service types.

Appendix A contains BCBSM response information. Appendix B contains BCN response information.

Information Linkage

The Submitter Transaction Identifier is used to identify the transaction at a high level. It is particularly useful in reconciling 271 reject transactions that may not contain all of the hierarchical loops and must always be returned.

The information source may also create one occurrence of the trace (TRN) segment at the lower of the subscriber/patient levels. It is optional, but gives the information source a mechanism to pass a transaction reference number to the information receiver to use if there is a need to follow up on the transaction. BCBSM does not plan to create a trace segment.

A clearinghouse may also create one occurrence of the trace (TRN) segment at the lower of the subscriber/patient levels. If the information source receives them, they must be returned in the (ANSI) ASC X12N 270/271 response transaction. In the event that the 270 transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

- Option one: Replace the trace number with their own and remove it on the 271 response prior to returning it to the originally reported trace number or report it back as an original trace number.
- Option two: Do not assign their own trace number.

HIPAA Usage

The HIPAA defined implementation guide represents its full functionality but does not necessarily represent the business needs of an individual provider, payer or other trading partner. The guide identifies the framework an information source can utilize. HIPAA requires information sources to support an eligibility transaction, either directly or through a clearinghouse. The guide also identifies the minimum an information source or clearinghouse is required to support in order to offer a compliant (ANSI) ASC X12N 270/271 transaction set. The minimum requirements are detailed below:

270 – The information source must support a generic request for eligibility.

271 – The information source must respond with either an acknowledgement that the individual has active or inactive coverage or that the individual was not found in their system. The 271 transaction set can be as elaborate as the information source wishes to return. The response will be for the date the transaction is processed, unless a specific date (prior, current, or future) was used. BCBSM's response will be based on membership records at the time of the inquiry.

Michigan Department of Community Health (MDCH) policy does not allow for the release of Michigan Medicaid eligibility and benefit information for inquiry dates greater than one year or beyond the last day of the current month. The 271 eligibility response to a 270 eligibility request for a single service date will contain a full month of eligibility information based on the submitted inquiry date and will include corresponding third party liability information when available. A beneficiary can be eligible for several Michigan Medicaid programs/services types resulting in a 271 eligibility response that contains multiple 2110C EB segments.

An information receiver can submit a very explicit 270 request asking whether a particular patient is eligible for a particular procedure with a particular diagnosis code, identify who the provider of the service will be and even identify when and where the requested service will be performed. The information source is not required to generate an explicit response if their system is not capable of handling such requests. However, the more information that can be returned within the response the more likely it is to reduce phone calls and long interruptions for both parties. The information source is required to at least respond with the minimum compliant response as identified above and may not reject the transaction merely because they cannot process an explicit request. The information source is also required to return any information supplied in the 270 request that was used to determine the 271 response. Willing trading partners are allowed to use any portion or all of the 270/271 super set, so long as they support the minimum data set, but are not allowed to add to or to change it in order to remain compliant under HIPAA.

On professional and institutional responses, BCBSM will provide annual and remaining deductible amounts by individual and family, co-pay percentages, stop loss maximums, product names and up to 38 benefits and six limitations or overrides per benefit.

Beginning 12/20/08:

On professional and institutional responses, BCBSM will provide annual (static) and remaining deductible amounts by individual and family, annual (static) and remaining out of pocket amounts by individual and family, co-pay percentages, co-pay flat dollar amounts, stop loss maximum and remaining amounts, product names and up to 38 benefits and six limitations or overrides per benefit with annual (static) and remaining amounts for individuals.

The INS segments will be used at the subscriber level to indicate when identifying information has been changed.

Search Options

If the patient is the subscriber, the maximum data elements that can be required by an information source to identify the patient are:

- Patient's member ID
- Patient's first name
- Patient's last name
- Patient's date of birth

If all four of these elements are present, the information source must generate a response if the patient is in their database. All information sources are required to support this search option.

If the patient is a dependent of a subscriber, the maximum data elements that can be required by an information source to identify the patient are:

- Subscriber's member ID
- Patient's first name
- Patient's last name
- Patient's date of birth

If all four of these elements are present, the information source must generate a response if the patient is in their database.

Maximums/Limitations

There may be some situations when not all of the above listed pieces of information are available. In that case, the 270 inquiry may be sent with as many of those pieces of information that are available as well as any other items identified in the transaction. The information source should attempt to look up the patient if there is a reasonable amount of information present. An information source may outline additional search options available in their Trading Partner Agreement; however under no circumstances may they require the use of a search option that differs from those outlined above. Minimally, the member ID, patient birth date and patient first name are needed. BCBSM uses the member ID, birth year and the service type code (EQ01) to initiate the inquiry to our application database. When multiple matches/responses are present, they are compared to the reported name to identify the specific member.

The data element search option combinations for Michigan Medicaid supports the maximum data set search criteria as outlined in the X12N 270/271 004010X092 Implementation Guide and as follows:

- a) Beneficiary Last Name (2100C NM103), First Name (2100C NM104), Beneficiary Medicaid ID (2100C NM109), and the Beneficiary Date of Birth (2100C DMG02)
- b) Beneficiary Last Name (2100C NM103), First Name (2100C NM104), and the Beneficiary Date of Birth (2100C DMG02)
- c) Beneficiary Medicaid ID (2100C NM109)
- d) Beneficiary Last Name (2100C NM103), First Name (2100C NM104), and the beneficiary's social security number (2100C REF02)
- e) Beneficiary Last Name (2100C NM103), First Name (2100C NM104), the beneficiary's social security number (2100C REF02), and the Beneficiary Date of Birth (2100C DMG02),

If the 270 transaction search parameters provided match multiple beneficiaries or Michigan Medicaid is unable to identify the beneficiary based on the information provided, the 271 response will return a 2100C AAA segment (AAA03 of "76" or "75").

Delta Dental eligibility files applicable to Michigan Medicaid dental coverage are received at the beginning of every month. If there is a delay in the receipt of the monthly file at the beginning of the month, determination of the type of dental coverage (fee-for-service dental or Delta Dental) cannot be made. Until the file is received, 271 eligibility responses that include a dental service type (EB03 = 35) for the current month will contain "DENTAL COVERAGE CURRENTLY NOT AVAILABLE" in Loop 2110C, Segment EB05.

Rejected Transactions

- A 271 response will include at least one Eligibility or Benefit Information (EB) segment or one Request Validation (AAA) segment. This is assuming that the 270 inquiry passed standards compliance error checking.
- Reported submitter and provider identification numbers will be validated. Transactions submitted for unauthorized submitter/provider combinations will be rejected.

The following conditions will result in a 271 response in which some data elements will contain default values in place of originally submitted data:

- Non-compliant transactions
- Transactions submitted for non-authorized providers
- BCBSM system error
- Time out error

Telecommunication Options

A direct-line connection with BCBSM is required, using MQ Series.

Telecommunication method supported:

MQ Series (commercial messaging software)

Note: All delayed BlueExchange responses will be returned based on your registered batch connection with BCBSM.

System Availability

- Monday through Saturday: 7:00 a.m. – 1:00 a.m. *EST*
- Sunday and Holidays: 7:00 a.m. – 6:00 p.m. *EST*

Disclaimers within the Transactions

The following disclaimers apply to 270/271 transaction sets exchanged between BCBSM and their trading partners:

- Each transaction can contain only one Eligibility or Benefit Inquiry (EQ) segment and can be reported for either the subscriber or a dependent.
Note: A Medicaid beneficiary is always the subscriber and therefore Loop 2100C data elements are used in the identification of the member/beneficiary.
- BCBSM Institutional and Professional inquiries and responses are limited to generic health plan coverage information.
- The response is based on information obtained from the payer's membership records at the time of the inquiry and is not to be considered a guarantee of payment.
- If the payer ID is missing or invalid, the transaction will reject as Non Compliant.
- BlueExchange inquiries and responses are limited to the processing functionality of the home plan.
- BlueExchange transactions routed to a home plan that only processes eligibility in a batch environment will result in an interim real-time 271 response followed by a final 271 response which will be returned as a batch transaction.

The following is a disclaimer that will be returned in MSG segment on responses processed by BCBSM:

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Character Set Requirement

The following character set guidelines must be followed to avoid file rejections. Only characters identified below can be reported within any data field. **Alphabetic characters within all transactions must be submitted in upper-case characters.**

A...Z	0...9	!	“	&	,	()	+
'	-	.	/	;	?	=	@	Space

Eligibility Benefit Inquiry and Response 270/271 Interchange Envelope and Functional Group Structure

Trading partners should follow the Interchange Control Structure (ICS), Functional Group Structure (GS), Interchange Acknowledgement (TA1) and Functional Acknowledgement (997) guidelines for HIPAA that are located in the HIPAA Implementation Guides in appendices A and B. Trading partners should also follow the basic character set guidelines as noted in the implementation guide. The interchange cannot contain non-HIPAA version functional groups. Unique instructions for transmitting to BCBSM EDI are:

Transaction Set	Element	Instruction	Imp Gde Pg #
Eligibility Benefit Inquiry 270	ISA05 – Interchange ID Qualifier	Report ZZ	B.4
Eligibility Benefit Inquiry 270	ISA06 – Interchange Sender ID	Professional: Report the EDI-assigned Billing Location Code of the submitter. Institutional & Dental: Report the Federal Tax ID of the submitter. Must be registered with BCBSM EDI.	B.4
Eligibility Benefit Inquiry 270	ISA07 – Interchange ID Qualifier	Report ZZ	B.4
Eligibility Benefit Inquiry 270	ISA08 – Interchange Receiver ID	Report 382069753	B.5
Eligibility Benefit Inquiry 270	GS02 – Application Sender’s Code	Professional: Report the EDI-assigned Billing Location Code of the submitter. Institutional & Dental: Report the Federal Tax ID of the submitter. Must be registered with BCBSM EDI.	B.8
Eligibility Benefit Inquiry 270	GS03 – Application Receiver’s Code	Report 382069753	B.8
Eligibility Benefit Inquiry 270	GS08 – Version/Release/Industry Identifier Code	Report 004010X092A1	B.9
Eligibility Benefit Response 271	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI	B.4
Eligibility Benefit Response 271	ISA06 – Interchange Sender ID	382069753 will be returned from EDI	B.4
Eligibility Benefit Response 271	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI	B.4
Eligibility Benefit Response 271	ISA08 – Interchange Receiver ID	Professional: The EDI-assigned Billing Location Code of the receiver will be returned. Institutional & Dental: The Federal Tax ID of the receiver will be returned. Must be registered with BCBSM EDI.	B.5
Eligibility Benefit Response 271	GS02 – Application Sender’s Code	382069753 will be returned	B.8
Eligibility Benefit Response 271	GS03 – Application Receiver’s Code	The value reported on the corresponding 270 will be returned from EDI	B.8
Eligibility Benefit Response 271	GS08 – Version/Release/Industry Identifier Code	004010X092A1 will be returned	B.9

Eligibility Benefit Inquiry 270 Transaction Set Data Clarifications

Loop	Segment/Element	Instruction	Industry/Element Name
Header	BHT02	Code value 13 (request) is the only transaction set purpose code that will be recognized.	Transaction Set Purpose Code
2100A	NM108	Report PI	Identification Code Qualifier
2100A	NM109	Report one of the following payer identification numbers to indicate the type of inquiry being submitted: Institutional: Report 00210I Professional: Report 00710P Dental: Report 00710D Vision: Report 00710V Hearing: Report 00710H Use the above values for in-state as well as BlueExchange inquiries. Medicaid: Report D00111 FEP: Report 00710W	Information Source Primary Identifier
2100B	NM101	BCBSM recommends to report 1P (Provider)	Identification Code Qualifier
2100B	NM108	Report XX (National Provider Identifier (NPI))	Identification Code Qualifier
2100B	NM109	Professional BCBSM and BCN: Report the 10 digit National Provider Identifier (NPI) Medicare Plus Blue: Report the 10 digit National Provider Identifier (NPI) Institutional BCBSM and BCN: Report the 10 digit National Provider Identifier (NPI) Medicare Plus Blue: Report the 10 digit National Provider Identifier (NPI) Dental Report the dental provider code assigned to the provider by BCBSM. Medicaid: Report the 10 digit National Provider Identifier (NPI)	Information Receiver Identification Number
2100B	REF01	CT – Contract Number is the only accepted value. OMITTED values due to NPI: 0B, 1C, 1D, 1J, 4A, EL, EO, HPI, JD, N5, N7, Q4, SY and TJ. The use of any omitted value will return a non compliant canned response.	Reference Identification Qualifier
2100B	PRV03	The Provider Specialty Code from the Health Care Provider Taxonomy code list associated with the NPI submitted in 2100B, NM109 will be referenced in situations where the provider may have an NPI that has multiple BCBSM legacy Provider Id's or where the legacy Provider Id has multiple NPI's.	Reference Identification

Loop	Segment/Element	Instruction	Industry/Element Name
2100C	NM109	<p>Report the contract number of the subscriber in loop 2100C excluding punctuation and spaces.</p> <p>BCBSM validation of alpha prefix occurs when entered on the request transaction. The member ID can continue to be entered without the alpha prefix. An incorrect alpha prefix entered on the request transaction will be validated and a corrected alpha prefix will be returned on the response transaction. When an alpha prefix is not entered on the request transaction and is not available for validation, the eligibility response transaction will not display an alpha prefix.</p> <p>Note: Out of area inquiries require the submission of the alpha prefix for proper routing</p> <p>Blue Care Network members will not be included in the validation of the alpha prefix as this is not required for processing of BCN transactions.</p> <p>Medicare Plus Blue: Report the assigned contract number. It is recommended that the alpha prefix be included as part of the contract number.</p> <p>Medicaid: Report the MDCH assigned ten-digit beneficiary identification number or the MICHild assigned CIN.</p>	Identification Code
2100C	DMG02	Report the birth date of the subscriber when the inquiry is for the subscriber.	Date Time Period
2100C	DTP01	Medicaid: Report either 307 (Eligibility) or 472 (Service)	Date/Time Qualifier
2100C	DTP03	Medicaid: Date or date range can be a minimum of one year prior or up to the last day of the current month. MDCH currently does not enable the reporting of eligibility information for dates greater than one year or beyond the last day of the current month.	Date/Time Period
2100C	EQ01	<p>BCBSM/BCN/BlueExchange: All plans are required to specifically answer the 55 service types which are bold-faced in the appendices but, may choose to answer with additional service types.</p> <p>Medicaid: For all inquiry types, MDCH recommends using value "30" (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 response containing EB segments applicable to the beneficiaries MDCH program/waiver coverage.</p>	Service Type Code
2100C	EQ03	Medicaid: Use "CHD" (Children only) for MICHild inquiries. Use "IND" (Individual) for all other inquiries.	
2100D	DMG02	<p>Report the birth date of the patient if the inquiry is for a dependent.</p> <p>Note: Not applicable for Michigan Medicaid.</p>	Date Time Period
2100D	EQ01	BCBSM/BCN/BlueExchange: All plans are required to specifically answer the 55 service types which are bold-faced in the appendices but, may choose to answer with additional service types.	Service Type Code

Eligibility Benefit Response 271 Transaction Set Data Clarifications

Loop	Segment/Element	Instruction	Industry/Element Name
2100A	PER02	Medicaid: Contains “DHS OFFICE” when PER04 contains the DHS Office telephone number	Subscriber Contact Name
2100A	PER03	Medicaid: WP – Work Phone Number (DHS Office).	Communication Number Qualifier
2100A	PER04	Medicaid: The corresponding DHS Office telephone number will be returned.	Subscriber Contact Number
2100A	AAA03	Medicaid: Response will contain 42 (Unable to Respond at Current Time) when the processing system is unavailable or a response is not returned.	Reject Reason Code
2100B	AAA03	Medicaid: One of the following reject reason codes will be returned when applicable: 50 – Provider ineligible for request 51 – Provider not on file	Reject Reason Code
2100C	NM109	Medicaid: The MDCH assigned ten digit primary identification number will be returned.	Subscriber Primary Identifier
2100C	REF01	BCBSM/BCN/Medicare Plus Blue: When available, REF01 will contain qualifier 6P (Group Number) Medicaid: When applicable, one of the following will be returned: 3H – Case Number EJ – Patient Account Number SY – Social Security Number	Group Number Reference Identification Qualifier
2100C	REF02	BCBSM/BCN/Medicare Plus Blue: When available will be used to provide the group number when the inquiry was for the subscriber. Reference numbers reported in the 270 inquiry will also be returned in the REF segments with the appropriate qualifiers.	Reference Identification
2100C	REF03	Medicaid: When REF01 = '3H", REF03 reports the beneficiary's 11-digit DHS Worker Load Number followed by a space and the descriptive term “Worker Load Number.”	Description
2100C	N405	Medicaid: CY – County/Parish code will be returned when reporting Pending eligibility, Title XIX (Medicaid), Title V (CSHCS), or MOMS program eligibility information.	Location Qualifier
2100C	N406	Medicaid: The two-character DHS county code followed by a space and the corresponding county name will be returned.	Location Identification Code

Loop	Segment/Element	Instruction	Industry/Element Name
2100C	AAA03	<p>BCBSM/BCN: One of the following reject reason codes will be returned when applicable: 15 – Required application data missing - resubmit with group number in REF segment 42 – Unable to Respond at Current Time (i.e. system time out) 45 – Invalid/Missing Provider Specialty (based on the service type code in the inquiry) 58 – Invalid/Missing Date of Birth 64 – Invalid/Missing Patient ID 65 – Invalid/Missing Patient Name 67 – Patient Not Found 68 – Duplicate Patient ID Number – resubmit with group number in REF segment 71 – Patient Birth Date Does Not Match That for the Patient on the Database 73 – Invalid/Missing Subscriber/Insured Name 75 – Contract Not Found 77 – Subscriber Found, Patient Not Found</p> <p>Medicaid: One of the following reject reason codes will be returned when applicable: 58 – Invalid/Missing Date of Birth 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not Within Allowable Inquiry Period 75 – Subscriber/Insured Not Found 76 – Duplicate Subscriber/Insured ID Number</p>	Reject Reason Code
2100C	DTP01	<p>Medicaid: The following codes will be returned: 307 (Eligibility) 472 (Service)</p>	Date/Time Qualifier
2110C	EB01	<p>BCN: One of the following codes will be returned: L – Primary Care Provider X – Health Care Facility (IPA)</p> <p>Medicaid: One of the following codes will be returned: 1 – Active Coverage 6 – Inactive 8 – Inactive – Pending Investigation B – Co-Payment F – Limitations I – Non-Covered N – Services Restricted to Following Provider R – Other or Additional Payer Y – Spend Down</p>	Eligibility or Benefit Information

Loop	Segment/Element	Instruction	Industry/Element Name
2110C	EB02	<p>BCBSM/BCN/Medicare Plus Blue: One of the following codes will be returned on responses when applicable: CHD – Children only DEP – Dependents only ESP – Employee and spouse FAM – Family IND – Individual Medicaid: One of the following codes will be returned: IND – Individual CHD – Children only (returned for MIChild eligibility). All valid codes will be returned for BlueExchange responses.</p>	Benefit Coverage Level Code
2110C	EB03	<p>Medicaid: One of the following codes will be returned: 1 – Medical Care 30 – Health Benefit Plan Coverage 35 – Dental Care 45 – Hospice 48 – Hospital-Inpatient 60 – General Benefits 69 – Maternity 86 – Emergency Services</p>	Service Type Code
2110C	EB04	<p>BCBSM/BCN/Medicare Plus Blue: One of the following codes will be returned when applicable on responses: HM – Health Maintenance Organization IN – Indemnity (Traditional) PR – Preferred Provider Organization OT – Other (Medicare Plus Blue) PS – Point of Service SP – Supplemental Medicaid: One of the following codes will be returned when applicable on responses: HM – Health Maintenance Organization (HMO) HS – Special Low Income Medicare Beneficiary LC – Long Term Care MC – Medicaid OT – Other SP – Supplemental Policy All valid codes will be returned for BlueExchange responses.</p>	Insurance Type Code
2110C	EB05	<p>BCBSM: If contract is active EB05 will be populated with Plan Description. BCN: If contract is active EB05 will be populated with Commercial, BlueCaid, BCN-65 or Medicare Advantage.</p>	Plan Coverage Description

Loop	Segment/Element	Instruction	Industry/Element Name
2110C	EB05 (cont)	Medicaid: To communicate the beneficiary's MDCH program information properly, the first 7 positions of the 2110C EB05 data element will contain a 7-position, fixed-length data string. This data string contains the applicable codes for scope (1), coverage (1), level of care (2) and the applicable program code (1). The remaining two (2) positions are the Delta Dental program code. The program information string is followed by a space and then the applicable program benefit information outlined in Appendix A of the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. http://www.michigan.gov/documents/270_64222_7.271DataClarificationV1.0_051403.pdf	Plan Coverage Description
2110C	EB07	Medicaid: Patient pay amounts for Hospice, Long Term Care and Medicaid Inpatient will be returned as applicable.	Benefit Amount
2110C	REF01	Medicaid: The following codes will only be used when the preceding EB segment indicates Other Insurance eligibility: EB01=R 1L=Insurance Policy Number 1W=Member Identification number F6=Medicare HIC	Reference Identification Qualifier
2110C	DTP01	Medicaid: One of the following will be returned when applicable: 292 – (Benefit) will be returned when the corresponding EB segment provides Other Third Party Payer Information and benefit dates from the other payer are available. 307 – (Eligibility) will be returned when reporting MDCH program eligibility pertinent to the corresponding EB segment. 636 – (Date of Last Update) will be returned when reporting MDCH pending eligibility in the corresponding EB segment.	Date/Time Qualifier
2110C	DTP03	Medicaid: When DTP01 = 307 and the 270 2100C DTP02 was D8 (single date), the 271 2110C DTP03 will reflect the beneficiary's applicable full month of eligibility (271 2110C DTP02 will be RD8).	Date Time Period
2110C	MSG01	Medicaid: The applicable Other Insurance code followed by the Other Insurance Code description EB will be returned when the preceding EB segment indicates Other Insurance eligibility (EB01=R).	Free-form Message Text
2120C	NM101	BCN: If applicable the following codes will be returned: 13 – Contracted Service Provider P3 – Primary Care Provider Medicaid: If applicable the following codes will be returned: FA – Facility IL – Insured/Subscriber P3 – Primary Care Provider PR – Payer	Entity Identifier Code

Loop	Segment/Element	Instruction	Industry/Element Name
2120C	NM103	BCN: Primary Provider last name Medicaid: The Last Name or Organization names of the following will be returned as applicable: Medicaid Health Plan ABW County Health Plan PLUS CARE contractor Delta Premier or Preferred Option Primary Care Provider Other Third Party payer subscriber last name Other Third Party payer	Name Last or Organization Name
2120C	NM104	BCN: Primary Provider First Name	First Name
2120C	NM108	Medicaid: One of the following codes will be returned if applicable: MI – Member ID PI – Payer Identification will be used to designate Other Third Party Payers, Medicaid Health Plans, Special Health Plans County Health Plans, PLUS CARE, Delta, etc. XX – NPI	Identification Code Qualifier
2120C	NM109	Medicaid: The Other Third Party Payer member ID will be returned when known. The MDCH Carrier Code will be returned for Other Third Party Payer Information. The entity's MDCH assigned nine-digit identification number (two-digit provider type followed by the seven-digit provider identification number) will be returned.	Identification Code
2110D	EB02	BCBSM/BCN/Medicare Plus Blue: One of the following codes will be returned on responses when applicable: CHD – Children only DEP – Dependents only ESP – Employee and spouse FAM – Family IND – Individual All valid codes will be returned for BlueExchange responses.	Benefit Coverage Level Code
2110D	EB04	BCBSM: One of the following codes will be returned when applicable on responses: HM – Health Maintenance Organization IN – Indemnity (Traditional) PR – Preferred Provider Organization OT – Other (Medicare Plus Blue) PS – Point of Service SP – Supplemental All valid codes will be returned for BlueExchange responses.	Insurance Type Code
2110D	EB05	BCBSM: If contract is active EB05 will be populated with Plan Description.	Plan Coverage Description

Appendix A – BCBSM Responses

Refer to Supported Business Functions on page 4 for additional information

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
1 Medical Care	1 Medical Care*** 48 Hospital - Inpatient 50 Hospital - Outpatient 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office A7 Psychiatric - Inpatient**** A8 Psychiatric - Outpatient**** MSG01="SPECIALIST", MSG01="URGENT"	Co-insurance, Deductible, Co-pay Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 12/20/08
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
3 Consultation	3 Consultation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
4 Diagnostic X-Ray	4 Diagnostic X-Ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
5 Diagnostic Lab	5 Diagnostic Lab	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
6 Radiation Therapy	6 Radiation Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
7 Anesthesia	7 Anesthesia	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
8 Surgical Assistance	8 Surgical Assistance	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
9 Other Medical	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
10 Blood Charges	10 Blood Charges	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
11 Used Durable Medical Equipment	11 Used Durable Medical Equipment	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
14 Renal Supplies in the Home	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
15 Alternate Method Dialysis	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
16 Chronic Renal Disease (CRD) Equipment	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
17 Pre-Admission Testing	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
19 Pneumonia Vaccine	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
20 Second Surgical Opinion	20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
21 Third Surgical Opinion	21 Third Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
22 Social Work	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
23 Diagnostic Dental	23 Diagnostic Dental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
24 Periodontics	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
25 Restorative	25 Restorative	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
26 Endodontics	26 Endodontics	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
27 Maxillofacial Prosthetics	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
28 Adjunctive Dental Services	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
30 Health Benefit Plan Coverage	48 Hospital - Inpatient 50 Hospital - Outpatient 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office A7 Psychiatric - Inpatient**** A8 Psychiatric - Outpatient**** MSG01="SPECIALIST", MSG01= "URGENT"	Co-insurance, Deductible, Co-pay Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. ****Sensitive benefit; Static amounts only beginning 12/20/08
32 Plan Waiting Period	32 Plan Waiting Period	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
34 Chiropractic Office Visits	34 Chiropractic Office Visits	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
35 Dental Care	35 Dental Care***	*** Only Active/Inactive Required
36 Dental Crowns	36 Dental Crowns	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
37 Dental Accident	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
38 Orthodontics	38 Orthodontics	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
39 Prosthodontics	39 Prosthodontics	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
40 Oral Surgery	40 Oral Surgery	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
41 Routine (Preventive) Dental	41 Routine (Preventive) Dental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
43 Home Health Prescriptions	43 Home Health Prescriptions	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
44 Home Health Visits	44 Home Health Visits	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
45 Hospice	45 Hospice	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
46 Respite Care	46 Respite Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
47 Hospital	47 Hospital*** 48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient 50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
49 Hospital - Room and Board	49 Hospital - Room and Board	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
54 Long Term Care	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
55 Major Medical	55 Major Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
56 Medically Related Transportation	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
57 Air Transportation	57 Air Transportation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
58 Cabulance	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
59 Licensed Ambulance	59 Licensed Ambulance	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
60 General Benefits	60 General Benefits***	*** Only Active/Inactive Required
61 In-vitro Fertilization	61 In-vitro Fertilization****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08
62 MRI/CAT Scan	62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
63 Donor Procedures	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
64 Acupuncture	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
65 Newborn Care	65 Newborn Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

General Information for BCBSM and BCN
 Information for other payers may vary

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
66 Pathology	66 Pathology	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
67 Smoking Cessation	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
68 Well Baby Care	68 Well Baby Care 80 Immunizations BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
69 Maternity	69 Maternity****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 12/20/08
70 Transplants	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
71 Audiology Exam	71 Audiology Exam	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
72 Inhalation Therapy	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
74 Private Duty Nursing	74 Private Duty Nursing	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
75 Prosthetic Device	75 Prosthetic Device	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
76 Dialysis	76 Dialysis	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
77 Otological Exam	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
78 Chemotherapy	78 Chemotherapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
79 Allergy Testing	79 Allergy Testing	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
80 Immunizations	80 Immunizations	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
81 Routine Physical	81 Routine Physical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
82 Family Planning	82 Family Planning****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 12/20/08
83 Infertility	83 Infertility**** 61 In-vitro Fertilization****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 12/20/08

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270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
84 Abortion	84 Abortion****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 12/20/08
85 AIDS	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	****Sensitive benefit; Static amounts only beginning 12/20/08
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services 98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
87 Cancer	87 Cancer	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
88 Pharmacy	88 Pharmacy***	*** Only Active/Inactive Required
89 Free Standing Prescription Drug	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	

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270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
90 Mail Order Prescription Drug	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
91 Brand Name Prescription Drug	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
92 Generic Prescription Drug	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
93 Podiatry	93 Podiatry	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
94 Podiatry - Office Visits	94 Podiatry - Office Visits	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests		Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary	
95 Podiatry - Nursing Home Visits	95 Podiatry - Nursing Home Visits	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.	
96 Professional (Physician)	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>		
97 Anesthesiologist	97 Anesthesiologist	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.	
98 Professional (Physician) Visit - Office	98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.	
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.	
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.	

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
A1 Professional (Physician) Visit - Nursing Home	A1 Professional (Physician) Visit - Nursing Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
A2 Professional (Physician) Visit - Skilled Nursing Facility	A2 Professional (Physician) Visit - Skilled Nursing Facility	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
A4 Psychiatric	A4 Psychiatric****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08
A5 Psychiatric - Room and Board	A5 Psychiatric - Room and Board****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08
A6 Psychotherapy	A6 Psychotherapy****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08
A7 Psychiatric - Inpatient	A6 Psychotherapy**** A7 Psychiatric - Inpatient****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08
A8 Psychiatric - Outpatient	A6 Psychotherapy**** A8 Psychiatric - Outpatient****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service **** Sensitive benefit; Static amounts only beginning 12/20/08

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
A9 Rehabilitation	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
AA Rehabilitation - Room and Board	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
AB Rehabilitation - Inpatient	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
AC Rehabilitation - Outpatient	AC Rehabilitation – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AD Occupational Therapy	AD Occupational Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AE Physical Medicine	AE Physical Medicine	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AF Speech Therapy	AF Speech Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AG Skilled Nursing Care	AG Skilled Nursing Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AH Skilled Nursing Care - Room and Board	AH Skilled Nursing Care - Room and Board	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AI Substance Abuse	AI Substance Abuse****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 12/20/08
AJ Alcoholism	AJ Alcoholism	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AK Drug Addiction	AK Drug Addiction	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AL Vision (Optometry)	AL Vision (Optometry)***	*** Only Active/Inactive Required

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AM Frames	AM Frames	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AN Routine Exam	AN Routine Exam	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AO Lenses	AO Lenses	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AQ Nonmedically Necessary Physical	AQ Nonmedically Necessary Physical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AR Experimental Drug Therapy	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BA Independent Medical Evaluation	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BB Partial Hospitalization (Psychiatric)	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BC Day Care (Psychiatric)	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BD Cognitive Therapy	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BE Massage Therapy	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BF Pulmonary Rehabilitation	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
BH Pediatric	BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
BI Nursery	BI Nursery	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BJ Skin	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
BK Orthopedic	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
BL Cardiac	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	
BM Lymphatic	<i>If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible</i>	

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BN Gastrointestinal	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BP Endocrine	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BQ Neurology	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	
BR Eye	If applicable the following will be returned: 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BS Invasive Procedures	<i>If applicable the following will be returned:</i> 98 Copay Only 48 Copay Only 50 Copay Only 52 Copay only A7 Copay only A8 Copay only No specific service type code for specialist No specific service type Code for Urgent 30 Co-insurance 30 Deductible	

Appendix B – BCN Responses

Refer to *Supported Business Functions* on page 4 for additional information.

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
1 Medical Care	1 Medical Care*** 48 Hospital - Inpatient 50 Hospital - Outpatient 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office A7 Psychiatric - Inpatient**** A8 Psychiatric - Outpatient**** MSG01="SPECIALIST", MSG01= "URGENT"	Co-insurance, Deductible, Co-pay Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
3 Consultation	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
4 Diagnostic X-Ray	4 Diagnostic X-Ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
5 Diagnostic Lab	5 Diagnostic Lab	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
6 Radiation Therapy	6 Radiation Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
7 Anesthesia	7 Anesthesia	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
8 Surgical Assistance	8 Surgical Assistance	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
9 Other Medical	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
10 Blood Charges	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
11 Used Durable Medical Equipment	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
14 Renal Supplies in the Home	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
15 Alternate Method Dialysis	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
16 Chronic Renal Disease (CRD) Equipment	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
17 Pre-Admission Testing	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
19 Pneumonia Vaccine	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
20 Second Surgical Opinion	20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
21 Third Surgical Opinion	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
22 Social Work	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
23 Diagnostic Dental	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
24 Periodontics	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
25 Restorative	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
26 Endodontics	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
27 Maxillofacial Prosthetics	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
28 Adjunctive Dental Services	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
30 Health Benefit Plan Coverage	48 Hospital - Inpatient 50 Hospital - Outpatient 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office A7 Psychiatric - Inpatient**** A8 Psychiatric - Outpatient**** MSG01="SPECIALIST", MSG01= "URGENT"	Co-insurance, Deductible, Co-pay Beginning 11/21/08 for non-sensitive benefits, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. For sensitive benefits, we will additionally return the static amounts only. ****Sensitive benefit; Static amounts only beginning 11/21/08
32 Plan Waiting Period	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
34 Chiropractic Office Visits	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
35 Dental Care	35 Dental Care***	*** Only Active/Inactive Required

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
36 Dental Crowns	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
37 Dental Accident	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
38 Orthodontics	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
39 Prosthodontics	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
40 Oral Surgery	40 Oral Surgery	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
41 Routine (Preventive) Dental	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
43 Home Health Prescriptions	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
44 Home Health Visits	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
45 Hospice	45 Hospice	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
46 Respite Care	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
47 Hospital	47 Hospital*** 48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient 50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
49 Hospital - Room and Board	If applicable the following general response will be returned 0, 1*** , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35*** , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61**** , 62, 65, 68, 69**** , 75, 76, 77, 78, 79, 80, 81, 82**** , 83**** , 84**** , 86, 88*** , 90, 91, 92, 98, 99, A0, A3, A6**** , A7**** , A8**** , AD, AE, AF, AG, AI**** , AL*** , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

General Information for BCBSM and BCN
 Information for other payers may vary

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
54 Long Term Care	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
55 Major Medical	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
56 Medically Related Transportation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
57 Air Transportation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
58 Cabulance	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
59 Licensed Ambulance	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
60 General Benefits	60 General Benefits***	*** Only Active/Inactive Required
61 In-vitro Fertilization	61 In-vitro Fertilization****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
62 MRI/CAT Scan	62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08

General Information for BCBSM and BCN
 Information for other payers may vary

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 Last Revised 4th Qtr 2008

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
63 Donor Procedures	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
64 Acupuncture	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
65 Newborn Care	65 Newborn Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
66 Pathology	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
67 Smoking Cessation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
68 Well Baby Care	68 Well Baby Care 80 Immunizations BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
69 Maternity	69 Maternity****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
70 Transplants	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
71 Audiology Exam	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
72 Inhalation Therapy	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
74 Private Duty Nursing	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
75 Prosthetic Device	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
76 Dialysis	76 Dialysis	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
77 Otological Exam	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
78 Chemotherapy	78 Chemotherapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
79 Allergy Testing	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
80 Immunizations	80 Immunizations	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
81 Routine Physical	81 Routine Physical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
82 Family Planning	82 Family Planning ^{****}	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
83 Infertility	83 Infertility ^{****} 61 In-vitro Fertilization ^{****}	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
84 Abortion	84 Abortion ^{****}	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
85 AIDS	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services 98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
87 Cancer	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
88 Pharmacy	88 Pharmacy^{***} if applicable the following will be returned in addition 90 MailOrder 91 Generic 92 Brand	*** Only Active/Inactive Required
89 Free Standing Prescription Drug	If applicable the following will be returned in addition 88 Pharmacy 90 MailOrder 91 Generic 92 Brand	

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
90 Mail Order Prescription Drug	If applicable the following will be returned in addition 88 Pharmacy 90 MailOrder 91 Generic 92 Brand	
91 Brand Name Prescription Drug	If applicable the following will be returned in addition 88 Pharmacy 90 MailOrder 91 Generic 92 Brand	
92 Generic Prescription Drug	If applicable the following will be returned in addition 88 Pharmacy 90 MailOrder 91 Generic 92 Brand	
93 Podiatry	93 Podiatry	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
94 Podiatry - Office Visits	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
95 Podiatry - Nursing Home Visits	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
96 Professional (Physician)	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
97 Anesthesiologist	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
98 Professional (Physician) Visit - Office	98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
A1 Professional (Physician) Visit - Nursing Home	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
A2 Professional (Physician) Visit - Skilled Nursing Facility	If applicable the following general response will be returned 0, 1***, 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35***, 40, 42, 45, 48, 50, 51, 52, 56, 59, 61****, 62, 65, 68, 69****, 75, 76, 77, 78, 79, 80, 81, 82****, 83****, 84****, 86, 88***, 90, 91, 92, 98, 99, A0, A3, A6****, A7****, A8****, AD, AE, AF, AG, AI****, AL***, AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
A4 Psychiatric	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
A5 Psychiatric - Room and Board	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
A6 Psychotherapy	A6 Psychotherapy****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
A7 Psychiatric - Inpatient	A6 Psychotherapy**** A7 Psychiatric - Inpatient****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08
A8 Psychiatric - Outpatient	A6 Psychotherapy**** A8 Psychiatric - Outpatient****	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
A9 Rehabilitation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
AA Rehabilitation - Room and Board	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
AB Rehabilitation - Inpatient	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AC Rehabilitation - Outpatient	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
AD Occupational Therapy	AD Occupational Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AE Physical Medicine	AE Physical Medicine	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AF Speech Therapy	AF Speech Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AG Skilled Nursing Care	AG Skilled Nursing Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AH Skilled Nursing Care - Room and Board	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
AI Substance Abuse	AI Substance Abuse	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
AJ Alcoholism	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
AK Drug Addiction	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
AL Vision (Optometry)	AL Vision (Optometry) ^{***}	*** Only Active/Inactive Required

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AM Frames	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Red amounts only beginning 11/21/08
AN Routine Exam	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
AO Lenses	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AQ Nonmedically Necessary Physical	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
AR Experimental Drug Therapy	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
BA Independent Medical Evaluation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BB Partial Hospitalization (Psychiatric)	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Red amounts only beginning 11/21/08
BC Day Care (Psychiatric)	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
BD Cognitive Therapy	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BE Massage Therapy	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
BF Pulmonary Rehabilitation	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
BH Pediatric	BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BI Nursery	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Red amounts only beginning 11/21/08
BJ Skin	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08
BK Orthopedic	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BL Cardiac	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
BM Lymphatic	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
BN Gastrointestinal	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BP Endocrine	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Red amounts only beginning 11/21/08
BQ Neurology	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08
BR Eye	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required **** Sensitive benefit; Static amounts only beginning 11/21/08

Appendix B - BCN Responses		
270	271	
Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BS Invasive Procedures	If applicable the following general response will be returned 0, 1 ^{***} , 2, 4, 5, 6, 7, 8, 11, 12, 18, 20, 30, 35 ^{***} , 40, 42, 45, 48, 50, 51, 52, 56, 59, 61 ^{****} , 62, 65, 68, 69 ^{****} , 75, 76, 77, 78, 79, 80, 81, 82 ^{****} , 83 ^{****} , 84 ^{****} , 86, 88 ^{***} , 90, 91, 92, 98, 99, A0, A3, A6 ^{****} , A7 ^{****} , A8 ^{****} , AD, AE, AF, AG, AI ^{****} , AL ^{***} , AN, AO, BG, BH No specific service type code for specialist No specific service type Code for Urgent	If applicable Medical and/or Pharmacy Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Beginning 11/21/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations. *** Only Active/Inactive Required ****Sensitive benefit; Static amounts only beginning 11/21/08

General EDI Terminology

Accumulated Amount – The amount that the member has paid/used on deductible, out-of-pocket and benefit limits.

Addenda – Refers to a version of the HIPAA mandated transaction sets that corrects identified implementation issues noted in the original implementation guides.

ANSI X12N 270/271 v4010 – HIPAA standardized (ANSI) ASC X12N 270/271 transaction format for Eligibility Benefit Inquiry and Response data.

BlueExchange – A Blue Cross Blue Shield Association (BCBSA) process through which non-claim HIPAA transactions for members from all other Blue Cross and/or Blue Shield plans that are governed by the BCBSA can be accepted by a local host plan and routed to the home plan for processing.

Canned Response – Informational response to the submitter for exception processing (EDI term).

Data Segment – Corresponds to a *record* in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12N). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.

Data Element – Corresponds to a *field* in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are:

Nn	Numeric (with an assumed number of decimal positions)
R	Decimal Real Number (including decimal or negative sign)
ID	Identifier
AN	Alphanumeric string
DT	Date
TM	Time

Delayed Response – BlueExchange transactions that are routed to a home plan that only processes ANSI ASC X12N 270/271 addenda version transactions in a batch environment will result in an interim real-time 271 response followed by a final batch 271 response.

Delimiter – A character used to separate two data elements (or sub-elements) or to end a segment. They are specified in the interchange header segment (ISA). Once specified in the ISA, they should not be used in the data elsewhere other than as a separator or terminator.

EDI – An acronym for Electronic Data Interchange.

Electronic Data Interchange – The application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link. There are typically 6 components used in order to do EDI. They are: an EDI file, a trading partner, an application file/form, translator (mapper), communications and value added network or value-added service provider.

Implementation guides – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA implementation guides on their web site: www.wpc-edi.com.

Interface – The point at which two systems connect to pass data.

Loops – Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

Out of Area – Refer to BlueExchange EDI Terminology.

Out-of-pocket – Patient liability.

Routing – Separation of data based on specific criteria for subsequent transfer to an internal or external system.

Static Amount – The beginning amount for deductible, out-of-pocket and benefit limitations.

Trading partners – Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.

Translation Software – Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.

Transaction Set – A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment.

X12N – An Accredited Standards Committee commissioned by the American National Standards Institute to develop standards for Electronic Data Interchange. While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry. There is a special health care task group within this subcommittee responsible for the development of health care insurance transactions.