Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide

American National Standards Institute (ANSI) ASC X12N 270/271 (005010X279A1) Health Care Eligibility Benefit Inquiry and Response

Disclosure Statement

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

Preface

The Health Insurance Portability and Accountability Act-Administration Simplification (HIPAA-AS) requires BCBSM and all other covered entities to comply with the electronic data interchange standards for health care as established by the Department of Health and Human Services. The ASC X12N/005010X279 270/271 Technical Report Type 3 (TR3) for Health Care Eligibility Benefit Inquiry and Response and its associated Errata 005010X279A1 - has been established as the standard for eligibility transactions and is available at www.wpc-edi.com.

TABLE OF CONTENTS

1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table.

The tables contain a row for each segment that BCBSM has something additional, over and above, the information in the IGs. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSM

In addition to the row for each segment, one or more additional rows may be used to describe BCBSM's usage for composite and simple data elements and for any other information.

270 or 271 Loop	270 or 271 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
LOOP NUMBER:	SEGMENT OR ELEMENT IDENTIFIER:	BCBSM OR OTHER PAYER SPECIFIC INSTRUCTION:	IMPLEMENTATION NAME:	CORRESPONDING TR3 PAGE NUMBER:
2100A	*NM108*	*Use 'PI' on all 270 eligibility requests.*	*Identification Code Qualifier*	*71*

1.1 SCOPE/OVERVIEW

This document is intended for use as a companion to the HIPAA-mandated ASC X12N/005010X279 270/271 TR3, dated April 2008, and the modifications implemented with the adopted Type 1 Errata (X12N/005010X279A1-270/271) dated June 2010. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the noted HIPAA TR3 and the adopted Type 1 Errata published by Washington Publishing Company.

1.2 REFERENCES

To obtain any or all of the HIPAA mandated 005010 ASC X12 TR3s, please visit X12's website: http://store.x12.org/store/, or Washington Publishing Company's website: http://www.wpc-edi.com

To obtain Health Care Code Lists, please refer to Washington Publishing Company's website: http://www.wpc-edi.com/reference/

To obtain Medicaid requirements, please refer to the MDHHS Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response document:
http://michigan.gov/documents/mdch/MDCH_5010A1_CG_270_271_Inq_Resp_eff07012013_ver02032015_draft_480988_7.pdf

1.3 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 TR3.

ASC X12N/005010X279 270/271 – The HIPAA mandated (ANSI) ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response transaction format.

ASC X12N/005010X279A1 – The Type 1 Errata modifications mandated for use with the ASC X12N/005010X2179 270/271 Health Care Eligibility Benefit Inquiry and Response transaction format.

BCBSA – An acronym for Blue Cross Blue Shield Association.

BCN – An acronym for Blue Care Network. The terms 'Blue Care Network' and 'BCN' are used in this document to reference all Blue Care Network HMO products, BCN Advantage and Blue Cross Complete.

BlueExchange – A 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 (the plan that delivers the benefits to a member) and routed to the home plan (the plan that covers the member) 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 defined in Appendices B of the TR3.

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.

FEP – Federal Employee Program.

Home Plan – The Blue Cross Blue Shield plan that holds a member's contract.

Host Plan – The Blue Cross Blue Shield plan that delivers the service. For example, if a Michigan member receives services from a BCBS participating physician in another state, the physician would bill the BCBS plan [host plan] located in that state.

NASCO – The National Account Service Company connects several Blue Cross and Blue Shield plans across the country through a common automated system to administer health benefit programs.

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-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.

Technical Reports Type 3 (TR3s) – 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 TR3s on their web site: www.wpc-edi.com.

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.

2. GETTING STARTED

2.1 WORKING WITH BCBSM

Appropriate steps must be taken before submitting production 005010X279A1-270/271 transactions, such as completion of an EDI Trading Partner Agreement, testing, 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 1-800-542-0945.

2.2 TRADING PARTNER REGISTRATION

Providers must complete a BCBSM Trading Partner Agreement (TPA) prior to submitting Real Time transactions (270/271 and 276/277). In addition, providers must complete a Provider Authorization to register their National Provider Identifier (NPI) with EDI. Both forms are completed online: https://editest.bcbsm.com/tpalogon.html.

- Go to www.bcbsm.com
- Select "*Provider*" above the blue banner bar and then choose the "*Quick Links*" box below
- From the Quick Links list, select "*Electronic Connectivity (EDI)*"
- From the "*EDI agreements*" choices, select *"Update your Provider Authorization Form"*
- Enter your User ID and Password and click *"Enter"*

TPA not completed:
Providers that have **not** previously completed a TPA must follow these steps prior to submitting Real Time transactions:

- ✓ Obtain the submitter ID from your Real Time submitter;
- ✓ Contact the EDI Helpdesk at 1-800-542-0945, opt. #3, or email EDISupport@bcbsm.com, to obtain a BCBSM User ID and Password. Providers will need to supply their NPI, and specify if they are Institutional, Professional, or Dental. Dental providers will also need to supply their Tax ID.
- ✓ A User ID and Password will be assigned and provided via fax or email. This process should take no more than 24 hours.
- ✓ Follow the instructions in the fax or email to access and complete the TPA online.
- ✓ Once the TPA is completed, providers must complete the Provider Authorization (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**

TPA already completed:
Some providers may have already completed a TPA for submission of electronic 837 claims. If the submitter ID for Real Time transactions **is different** than the 837 submitter ID, providers must**:**

- ✓ Obtain the submitter ID from your Real Time Submitter.
- ✓ Complete a new Provider Authorization to register their NPI with the Real Time submitter ID. **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**
- ✓ Go to above URL.
- ✓ Enter the User ID and Password previously issued for completing the 837 TPA (if unable to locate, call 1-800-542-0945, opt. #3 for assistance).
- ✓ Complete the Provider Authorization form (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**

2.4 CERTIFICATION AND TESTING OVERVIEW

BCBSM does not require or provide certification for its trading partners.

Validator Testing Process for Vendors and Software Developers/Self Submitters

Send 3 consecutive 270 requests for each line of business. Transactions should represent current production data.

Once you have received a green check for each transaction, you are ready to contact EDI.

Contact BCBSM/EDI by email at: EDICustMgmt@bcbsm.com
Please mark Subject line: **5010 Testing**
Please give the following information:
Vendor Code or Submitter ID:
Contact:
Phone:

Please allow 3 business days for review.

An EDI Consultant or EDI Testing Analyst will review the test files, validate companion guide requirements and contact you regarding your status.

If you do not receive a call after 3 business days or have additional questions, please contact us at 248-486-8657.

3. TESTING WITH THE PAYER

Review the **Self-testing User Guide for 837 and Non-Claims Transactions**
http://www.bcbsm.com/content/dam/public/secured/application/SelfTestUserGuide.pdf

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 CONNECTIVITY

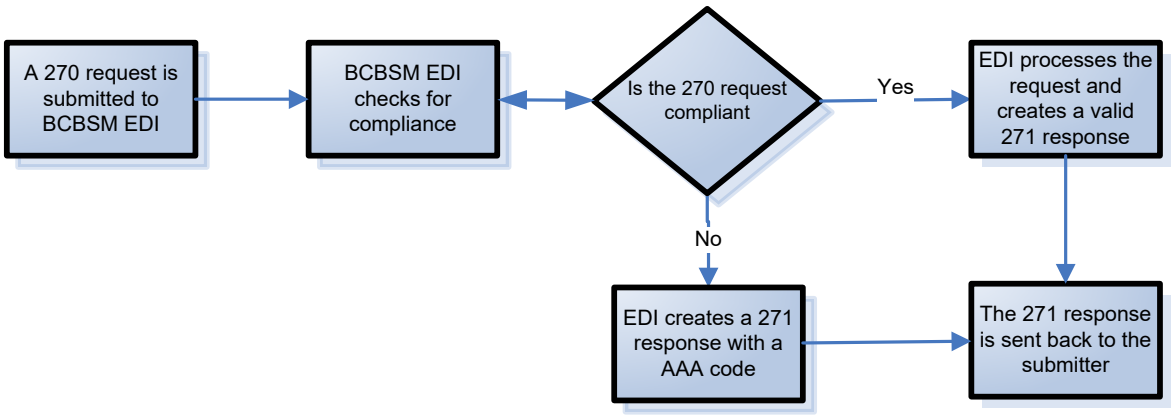
Hours of operation for purposes of transmitting and receiving data through the BCBSM EDI-System shall be Monday from 1:00 am – Sunday at 6:00 pm Eastern Time (Standard or Daylight, as then in effect).

Scheduled Maintenance windows:
BCBSM
Sundays 1:00 AM – 7:00 AM

MEDICAID (State of Michigan)
Second Saturday of every Month
Saturday 6:00 PM – Sunday 6:00 AM

4.2 PROCESS FLOWS

Process flows for HIPAA Transactions Sets are located in the front matter of the applicable TR3 implementation guides. BCBSM'S 270/271 process includes:



4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

We currently support commercial messaging software called WebSphere MQ. System and software requirements, together with connectivity instructions are provided during setup or upon request. Email EDICustMgmt@bcbsm.com for more information and assistance.

4.4 PASSWORDS

BCBSM does not issue or require real time passwords for submission of transactions.

5. CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE: 1-800-542-0945. The EDI Help Desk is available 8:00 am to 4:30 pm M-F.

When you contact the EDI Help Desk, we need to make sure of your identity before we can release any sensitive data, such as membership, benefit or claim information. BCBSM will request the following information from you to verify your identity and ensure the privacy and confidentiality of health care data of our members and providers:

1. Caller name
2. Name of provider, facility or submitter/software developer office
3. Reason for call
4. Member contract number (if applicable)
5. Name of member (if applicable)
6. Providers, submitters and software developers:

Professional (includes vision and hearing):	BCBSM provider code, NPI and/or BCBSM-assigned submitter ID
Facility:	BCBSM facility code or Federal tax ID
Dental:	Federal tax identification number

5.1.1 ELECTRONIC DATA INTERCHANGE DEPARTMENT CONTACTS

Customer inquiries should be made to the EDI Help Desk at 1-800-542-0945. The following telephone prompts should be followed:

Option 1: Questions on transaction edits, remittances, Internet claim tool support, SFTP Password resets and connections, transmission issues, recreates and Payer ID listings.

Option 2: New customers or vendors who wish to obtain Submitter ID or electronic submission information.

Option 3: Trading Partner Agreement and NPI or Provider Number Authorization questions including TPA and Authorization Login and Password IDs.

For general information or other questions, please email realtimesupport@bcbsm.com.

5.2 EDI TECHNICAL ASSISTANCE

For technical information or other questions, email realtimesupport@bcbsm.com.

5.3 APPLICABLE WEBSITES/E-MAIL

BCBSM contact information: http://bcbsm.com/providers/help/contact-us.html.

6. CONTROL SEGMENTS/ENVELOPES

6.1 ISA- IEA: DATA CLARIFICATION - ASC X12N/005010X279A1 – 270/271 TRANSACTION - 270 AND 271 INTERCHANGE ENVELOPE AND FUNCTIONAL GROUP STRUCTURE

Transaction Set	Element	Instruction	TR3 Pg #
Eligibility Benefit Inquiry 270	ISA05 – Interchange ID Qualifier	Report ZZ	C.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.	C.5
Eligibility Benefit Inquiry 270	ISA07 – Interchange ID Qualifier	Report ZZ	C.5
Eligibility Benefit Inquiry 270	ISA08 – Interchange Receiver ID	Report 382069753	C.5
Eligibility Benefit Inquiry 270	ISA15 – Usage Indicator	Report "P" for production	C.6
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.	C.7
Eligibility Benefit Inquiry 270	GS03 – Application Receiver's Code	Report 382069753	C.7
Eligibility Benefit Response 271	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI	C.4
Eligibility Benefit Response 271	ISA06 – Interchange Sender ID	382069753 will be returned from EDI	C.5
Eligibility Benefit Response 271	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI	C.5
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.	C.5
Eligibility Benefit Response 271	ISA15 – Usage Indicator	Report "P" for production	C.6
Eligibility Benefit Response 271	GS02 – Application Sender's Code	382069753 will be returned	C.7
Eligibility Benefit Response 271	GS03 – Application Receiver's Code	The value reported on the corresponding 270 will be returned from EDI	C.7

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 REPORTING INSTRUCTION CLARIFICATION - ASC X12N/005010X279A1 – 270/271

7.1.1 SEARCH OPTIONS

BCBSM supports the Required Primary Search Options (Section 1.4.8.1) and the Required Alternate Search Options (Section 1.4.8.2).

BCBSM also supports the following member search option:

- Member last name, first name, date of birth, and social security number

7.1.2 MAXIMUMS/LIMITATIONS

Please note the following maximums or limitations:

- BCBSM does not support the 270 transaction request for a procedure code/diagnosis code. If this type of request is received BCBSM will treat it is as a generic request (submission of Service Type code "30").
- BCBSM does not support requests which contain multiple Service Types (EQ01 repetitive data element or multiple EQ segments). If this type of request is received, BCBSM will return the first supported service type submitted and include a message (MSG01) indicating "PLEASE RE-SUBMIT WITH ONE SERVICE TYPE PER TRANSACTION".
- Data must be transmitted in a continuous string (wrapped) for proper processing of the inbound transaction.
- AAA15 will be returned when the member has multiple active groups and the group number is not reported on the 270 request. Resubmit 270 request with applicable group number in a REF segment.

7.1.3 REJECTED TRANSACTIONS/ACKNOWLEDGMENTS

Transactions that contain an unauthorized submitter identification number, invalid submitter/provider combinations, or are found to be HIPAA non-compliant will result in the return of a TA1 transaction(s) or 999 transaction(s). The TA1 transaction and 999 transaction specify the reason for rejection via error code(s). The error code definitions for both the ASC X12C TA1 transaction and the 999 transaction are found in the ASC X12C/005010X231 999 TR3 available at www.wpc-edi.com.

If the 270 request transaction is accepted for processing, and a data processing error or a system processing error is encountered, the returned 271 eligibility response will specify the applicable error via a (AAA) segment.

8. TRADING PARTNER AGREEMENTS

Our Trading Partner Agreement follows HIPAA guidelines for transactions, medical code sets, privacy and security. The TPA is a contract that must be completed by all providers and submitters who trade health care information electronically with us.

Step 1: Request User ID and Password
To complete the TPA, you'll need a user ID and password. Visit http://www.bcbsm.com/content/public/en/providers/help/faqs/electronic-connectivity-edi/request-a-tpa-user-id-and-password.html for more information.

Step 2: Login and Complete the TPA
Once you've received your TPA user ID and password from us, enter them in the fields to the left and select Enter to login. Please have the following information available when you login:

- Trading Partner ID of the entity that submits your claims electronically
- Provider codes for BCBSM, BCN HMO, Medicare and Medicaid, as applicable (providers only)
- Provider's Federal Tax ID Number (providers only)

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any BCBSM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Blue Cross Blue Shield Michigan.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

9.1 DISCLAIMERS WITHIN THE TRANSACTIONS

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

- Each transaction should 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 only Loop 2100C data elements are used in the identification of the member/beneficiary.

- The 271 eligibility 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.
- BlueExchange 270 eligibility requests and 271 responses are limited to the processing functionality of the Blue Cross Blue Shield Association (BCBSA) Home plan.
- BlueExchange real time 270 transactions routed to a BCBSA Home plan that 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 (excluding Michigan Medicaid):

> 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.

9.3 ASC X12N/005010X279A1 – 270 TRANSACTION

There are data elements within the ASC X12N 005010X279A1 270/271 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information needed by BCBSM in order to process the ASC X12N/005010X279A1-270 Health Care Eligibility Benefit Inquiry Transaction. This information should be used in conjunction with the ASC X12N/005010X279A1 – 270/271 TR3.

270 Loop	270 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100A	NM108	Use 'PI' on all 270 eligibility requests.	Identification Code Qualifier	71
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	71
2100B	NM101	BCBSM recommends to report 1P (Provider)	Entity Identification Code	75
2100B	NM108	Report 'XX' (National Provider Identifier [NPI]) unless the provider is exempt from NPI (Atypical provider). Atypical providers are to report 'SV' (Service Provider Number) and the provider identification code assigned by BCBSM.	Identification Code Qualifier	77
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	85
2100C	NM108	Use 'MI' on all 270 eligibility requests.	Identification Code Qualifier	95

270 Loop	270 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100C	NM109	**If the 2100C NM109 (Member ID) is not available, report the member's social security number in either 2100C REF*SY (subscriber) or 2100D REF*SY (dependent) in order to facilitate member matching capabilities. 270 Eligibility requests submitted without a 2100C NM109 data element or the member's social security number will result in a 271 response that contains a 2100C AAA segment.** **BCBSM**: Report the contract number of the subscriber in loop 2100C excluding punctuation and spaces. **BCBSM** validation of prefix occurs when entered on the request transaction. The member ID can continue to be entered without the prefix. An incorrect prefix entered on the request transaction will be validated and a corrected prefix will be returned on the response transaction. **Note:** Out of area inquiries require the submission of the prefix for proper routing. **Blue Care Network[1]:** BCN members will not be included in the validation of the prefix as this is not required for processing of BCN transactions. **FEP:** Member ID must begin with an "R". **Medicare Plus Blue:** Report the assigned contract number. It is recommended that the prefix be included as part of the contract number. **Medicaid:** Report the MDHHS assigned ten-digit beneficiary identification number or the MIChild assigned CIN.	Identification Code	96
2100C	REF01	If the Member ID or contract number is not known, the subscriber's Social Security Number (SSN) can be reported using qualifier 'SY' in REF01 and their social security number in REF02. **270 Eligibility requests submitted without a 2100C NM109 data element or the member's social security number will result in a 271 response that contains the applicable AAA segment.**	Reference Identifier Qualifier	98
2100C	DTP01	Use '291' (Plan) on all 270 eligibility inquiries.	Date/Time Qualifier	123
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. MDHHS 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	123

[1] Blue Care Network includes BCN HMO products, BCN Advantage and Blue Cross Complete.

270 Loop	270 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2110C	EQ01	**BCBSM/BCN/BlueExchange/FEP/Medicare Advantage:** BCBSM recommends 270 transactions contain a single Service Type Code. 270 transactions submitted with multiple Service Type Codes (EQ01repetitive data element or multiple EQ segments) will result in a 271 response with the first supported service type that is submitted. **Medicaid:** For all inquiry types, MDHHS 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 MDHHS program/waiver coverage.	Service Type Code	125
2100D	REF01	If the Member ID or contract number is not known for the dependent, report the dependent's Social Security Number (SSN) using qualifier 'SY' in REF01 and their social security number in REF02. **270 Eligibility requests submitted without a 2100C NM109 data element or the member's social security number will result in a 271 response that contains the applicable AAA segment.**	Reference Identifier Qualifier	98
2100D	DTP01	Use '291' (Plan) on all 270 eligibility inquiries.	Date/Time Qualifier	180
2110D	EQ01	**BCBSM/BCN/BlueExchange/FEP:** BCBSM recommends 270 transactions contain a single Service Type Code. 270 transactions submitted with multiple Service Type Codes (EQ01repetitive service type code data element or multiple EQ segments) will result in a 271 response with the first supported service type that is submitted.	Service Type Code	182

9.4 ASC X12N/005010X279A1 – 271 TRANSACTION

There are data elements within the ASC X12N/005010X279A1 270/271 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information BCBSM will return within the ASC X12N/005010X279A1-271 Health Care Eligibility Benefit Response Transaction. This information should be used in conjunction with the ASC X12N/005010X279A1 – 270/271 TR3.

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100A	NM108	'PI' will be returned on all 271 eligibility responses	Identification Code Qualifier	220
2100A	NM109	The following payer identification numbers will be returned (based on inquiry submitted): Institutional: Report 00210I Professional: Report 00710P Dental: Report 00710D Vision: Report 00710V Hearing: Report 00710H Medicaid: Report D00111 FEP: Report 00710W	Information Source Primary Identifier	220
2100A	PER02	**Medicaid:** Contains "DHS OFFICE" when PER04 contains the DHS Office telephone number.	Name	222
2100A	PER03	**Medicaid:** TE - Telephone (DHS Office).	Communication Number Qualifier	222
2100A	PER04	**Medicaid:** The corresponding DHS Office telephone number will be returned.	Communication Number	223
2100A	AAA03	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	227
2100B	NM101	'1P' (Provider) will be returned.	Entity Identification Code	232
2100B	AAA03	**BCBSM/BCN/Medicare Plus Blue:** When applicable, one of the following will be returned: 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification 44 - Invalid/Missing Provider Name 51 - Provider Not on File 97 - Invalid or Missing Provider Address **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	239
2100C	NM108	'MI' will be returned on all 271 eligibility responses.	Identification Code Qualifier	251

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100C	NM109	**BCBSM/Blue Care Network/Medicare Plus Blue**: The subscriber contract number, including -prefix. **FEP:** Subscriber contract number **Medicaid:** The MDHHS assigned ten-digit beneficiary identification number or the MIChild assigned CIN.	Identification Code	252
2100C	REF01	**BCBSM/BCN/Medicare Plus Blue:** When applicable, one of the following will be returned: 6P – Group number Q4 – Prior Identifier Number EJ – Patient Account Number (when submitted on the 270) **Medicaid:** When applicable, one of the following will be returned: 3H – Case Number EJ – Patient Account Number (when submitted on the 270) SY – Social Security Number	Reference Identification Qualifier	254
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	256

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100C	AAA03	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: 15 - Required application data missing 42 - Unable to Respond at Current Time 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 63 - Date of Service in Future 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID 73 - Invalid/Missing Subscriber/Insured Name 74 - Invalid/Missing Subscriber/Insured Gender Code 76 - Duplicate Subscriber/Insured ID Number 78 - Subscriber/Insured Not in Group/Plan Identified **Medicaid:** When applicable, one of the following reject reason codes will be returned: 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 76 – Duplicate Subscriber/Insured ID Number	Reject Reason Code	263
2100C	DTP01	'291' will be returned	Date/Time Qualifier	283

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2110C	DTP01	290 – Coordination of Benefits When this value is present, the date in DTP03 represents either the receipt date of the letter of inquiry (LOI) or the coordination of benefits (COB) effective date for the payer reported in this loop. If this value is not present, there is no known COB coverage.	Date/Time Qualifier	317

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2110C	EB01	The following values are supported and will be returned as applicable: 1 - Active Coverage 6 - Inactive 8 - Inactive - Pending Investigation (this value is only supported by Medicaid) A - Co-Insurance B - Co-Payment C - Deductible D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered M - Pre-existing Condition MC - Managed Care Coordinator P - Benefit Disclaimer R – Other or Additional Payer U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process	Subscriber Eligibility or Benefit Information	289
2110C	EB03	**BCBSM/BCN/FEP/Medicare:** Refer to Appendix A. **Medicaid:** Please refer to the MDHHS Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. See Section 1.2 above.	Service Type Code	293
2110C	EB05	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, will specify the specific Plan Name. **Medicaid:** Communicates the beneficiary's MDHHS program name; further information can be found in the MDHHS Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. See Section 1.2 above.	Plan Coverage Description	299

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2120C	NM101	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: 13 - Contracted Service Provider 1P - Provider FA - Facility IL - Insured or Subscriber P3 - Primary Care Provider PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer X3 - Utilization Management Organization	Entity Identifier Code	330
2120C	AAA03	**BCBSM/BCN/Medicare Plus Blue:** When applicable, one of the following will be returned: 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID	Reject Reason Code	320
2100D	REF01	**BCBSM/BCN/Medicare Plus Blue:** When applicable, one of the following will be returned: 6P – Group number Q4 – Prior Identifier Number EJ – Patient Account Number (when submitted on the 270) **Medicaid:** When applicable, one of the following will be returned: 3H – Case Number EJ – Patient Account Number (when submitted on the 270) SY – Social Security Number	Reference Identification Qualifier	357

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100D	AAA03	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: 15 - Required application data missing 42 - Unable to Respond at Current Time 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 63 - Date of Service in Future 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID 73 - Invalid/Missing Subscriber/Insured Name 74 - Invalid/Missing Subscriber/Insured Gender Code 76 - Duplicate Subscriber/Insured ID Number 78 - Subscriber/Insured Not in Group/Plan Identified	Reject Reason Code	366
2100D	DTP01	'291' will be returned	Date/Time Qualifier	387
2110D	DTP01	290 – Coordination of Benefits When this value is present, the date in DTP03 represents either the receipt date of the letter of inquiry (LOI) or the coordination of benefits (COB) effective date for the payer reported in this loop. If this value is not present, there is no known COB coverage.	Date/Time Qualifier	420

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2110D	EB01	The following values are supported and will be returned as applicable: 1 - Active Coverage 6 - Inactive A - Co-Insurance B - Co-Payment C - Deductible D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered M - Pre-existing Condition MC - Managed Care Coordinator P - Benefit Disclaimer R – Other or Additional Payer U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process	Subscriber Eligibility or Benefit Information	395
2110D	EB03	**BCBSM/BCN/FEP/Medicare Plus Blue:** Refer to Appendices.	Service Type Code	397
2110D	EB04	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: IN - Indemnity (Traditional) PR – Preferred Provider Organization (PPO) PS – Point of Service (POS) SP - Supplemental	Insurance Type Code	402
2110D	EB05	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, will specify the specific Plan Name.	Plan Coverage Description	403

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2120D	NM101	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: 13 - Contracted Service Provider 1P - Provider FA - Facility IL - Insured or Subscriber P3 - Primary Care Provider PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer X3 - Utilization Management Organization	Entity Identifier Code	433
2120D	AAA03	**BCBSM/BCN/FEP/Medicare Plus Blue:** When applicable, one of the following will be returned: 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID	Reject Reason Code	423

10. APPENDICES

10.1 IMPLEMENTATION CHECKLIST

IMPLEMENTATION CHECKLIST:

Providers:

- ✓ Did you complete the Provider Authorizations; authorizing the submitter to submit on your behalf?
  - This must be completed if you are not currently sending other transaction to BCBSM under another ID.
  - Reminder - Please do not update the Trading Partner ID (Submitter Only on Authorization form).
- ✓ Contact 800-542-0945 for a logon ID and password.

Submitters:

- ✓ Complete Requirement Letter.
- ✓ Complete Third Party Agreement.
- ✓ Complete Validator testing.
- ✓ Confirm with Provider that they have completed the above process.
- ✓ Complete VPN form or request as HTTPS logon ID and password.

Reminder: Once you are approved in subsystem; it will take 3 business days to move to production.

10.2 CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s). The table below summarizes the changes to this companion document.

Section	Description of Change	Page	Date
SECTION 5.3: APPLICABLE WEBSITES/E-MAIL	Removed web-DENIS information	9	Mar. 2013
SECTION 4: CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	Added section 4.1 Connectivity	7	Feb. 2014
SECTION 4.3: COMMUNICATION PROTOCOL SPECIFICATIONS	Added link to HTTPS Connectivity User Guide	8	Feb. 2014
SECTION 1.2: REFERENCES	Updated link for the MDHHS 270/271 companion guide	4	Sept. 2015
SECTION 3: TESTING WITH THE PAYER	Updated link for the Self Testing User Guide	7	Sept. 2015
SECTION 7.1.2: MAXIMUMS/LIMITATIONS	Added bullet to list • AAA15 will be returned when the member has multiple active groups and the group number is not reported on the 270 request. Resubmit 270 request with applicable group number in a REF segment.	11	Sept. 2015
SECTION 9.3: ASC X12N/005010X279A1 – 270 TRANSACTION	Added footnote to term Blue Care Network *"Blue Care Network includes BCN HMO products, BCN Advantage and Blue Cross Complete"*	15	Sept. 2015
SECTION 9.4 ASC X12N/005010X279A1 – 271 TRANSACTION	• Removed instructions for Loop 2110C Segment EB04 • Removed link to MDHHS companion document in description for Loop 2110C Segment EB03 • Removed link to MDHHS companion document in description for Loop 2110C Segment EB05	20	Sept. 2015
APPENDIX A	• Removed BCN from title • Added footnote "BCBSM represents Local, FEP, BCN, BCN Advantage, Blue Cross Complete and Medicare Blue Plus active member contracts. • Removed footnote reference to Appendix B for BCN	26	Sept. 2015
SECTION 4.1: CONNECTIVITY	• Added the following information regarding maintenance times: Scheduled Maintenance windows: BCBSM Sundays 1:00 AM – 7:00 AM MEDICAID (State of Michigan) Second Saturday of every Month Saturday 6:00 PM – Sunday 6:00 AM	7	June 2016
SECTION 9.3: ASC X12N/005010X279A1 – 270 TRANSACTION	• Changed "alpha prefix" to "prefix" in 2100 C, NM109.	14	Feb. 2018
SECTION 9.4 ASC X12N/005010X279A1 – 271 TRANSACTION	• Changed "alpha prefix" to "prefix" in 2100 C, NM109.	17	Feb. 2018

SECTION 9.4 ASC X12N/005010X279A1 – 271 TRANSACTION	Added COB clarification to 2110C, 2110D, DTP01	19, 22	April 2018
SECTION 9.4 ASC X12N/005010X279A1 – 271 TRANSACTION	2110C / 2110 D, EQ01: • Added "will result in a 271 response with the first supported service type that is submitted," instead of a generic response.	15	Feb 2020
SECTION 7.1.2: MAXIMUMS/LIMITATIONS	In regard to multiple service requests, clarified that the first supported service type submitted will be returned.	11	Feb 2020
All	Updated references to MDCH to MDHHS.	All	Feb 2020
Section 4.3 COMMUNICATION PROTOCOL SPECIFICATIONS	Removed SFTP and HTTPS connection information.	8	Feb 2020

.

APPENDIX A – SERVICE TYPE CODE RESPONSE INDEX

BCBSM RESPONSES

The BCBSM Responses table outlines the content of a BCBSM[2] 271 eligibility response (returned EB03 service type code(s) and liability summary) based on the submitted 270 eligibility request (EQ01 service type code).

As per the ASC X12N/005010X279A1 – 270/271 TR3 and BlueExchange requirements, when a submitted EQ01 service type code is not supported, a "Baseline" 271 eligibility response will be returned. A "Baseline" 271 response incorporates the mandated ASC X12N/005010X279A1 – 270/271 TR3 service type codes as well as the BCBSA BlueExchange required service type codes and liabilities. Please note that a notation of "Baseline" in the EB03 Service Type Code(s) and Liability Summary columns represent the following:

271	
Provider Receives **• Home Licensee Response** **• Host Must Display (at minimum)**	
Baseline EB03 Service Type Codes Response	**Baseline Liability Summary**
1 Medical Care*** 33 Chiropractic 35 Dental Care*** 47 Hospital*** 48 Hospital Inpatient 50 Hospital - Outpatient 52 Hospital - Emergency Medical 86 Emergency Services*** 88 Pharmacy*** 98 Professional Visit Office: Physician*** MSG01="SPECIALIST" AL Vision/Optometry*** BY Professional Visit Office: Sick BZ Professional Visit Office: Well MH Mental Health*** UC Urgent Care	• Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket. ***Only Active/Inactive

[2] BCBSM represents Local, FEP, BCN, BCN Advantage, Blue Cross Complete and Medicare Blue Plus active member contracts.

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*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits ***For these codes, return Active/Non-Covered only.
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
3 Consultation	*Baseline*	*Baseline*

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
4 Diagnostic X-Ray	4 Diagnostic X-Ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
5 Diagnostic Lab	5 Diagnostic Lab	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
6 Radiation Therapy	6 Radiation Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
7 Anesthesia	7 Anesthesia	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

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
8 Surgical Assistance	8 Surgical Assistance	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
9 Other Medical	*Baseline*	*Baseline*
10 Blood Charges	*Baseline*	*Baseline*
11 Used Durable Medical Equipment	*Baseline*	*Baseline*
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

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
14 Renal Supplies in the Home	*Baseline*	*Baseline*
15 Alternate Method Dialysis	*Baseline*	*Baseline*
16 Chronic Renal Disease (CRD) Equipment	*Baseline*	*Baseline*
17 Pre-Admission Testing	*Baseline*	*Baseline*
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
19 Pneumonia Vaccine	*Baseline*	*Baseline*
20 Second Surgical Opinion	20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

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
21 Third Surgical Opinion	*Baseline*	*Baseline*
22 Social Work	*Baseline*	*Baseline*
23 Diagnostic Dental	*Baseline*	*Baseline*
24 Periodontics	*Baseline*	*Baseline*
25 Restorative	*Baseline*	*Baseline*
26 Endodontic	*Baseline*	*Baseline*
27 Maxillofacial Prosthetics	*Baseline*	*Baseline*
28 Adjunctive Dental Services	*Baseline*	*Baseline*

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
30 Health Benefit Plan Coverage	1 Medical Care*** 33 Chiropractic 35 Dental Care**** 47 Hospital 48 Hospital Inpatient 50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 Emergency Services 88 Pharmacy**** 98 Professional Visit Office: Physician 98 Professional (Physician) Visit - Office MSG01="SPECIALIST"AL Vision/Optometry**** BZ Professional Visit Office: WellMH Mental Health*** UC Urgent Care	Co-insurance, Deductible, Co-pay, Accumulated Benefits, Benefit Limits, Place of Service **Returning ADDITIONAL SERV TYPES ARE PROHIBITED** ***For these codes return Active Only, Do not return Liability. Omit if non-covered **** For these codes return Active at a minimum. Omit if non-covered
32 Plan Waiting Period	*Baseline*	*Baseline*

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
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
34 Chiropractic Office Visits	*Baseline*	*Baseline*
35 Dental Care	35 Dental Care	Active/ Inactive (at Minimum)
36 Dental Crowns	*Baseline*	*Baseline*
37 Dental Accident	*Baseline*	*Baseline*
38 Orthodontics	*Baseline*	*Baseline*
39 Prosthodontics	*Baseline*	*Baseline*

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
40 Oral Surgery	40 Oral Surgery	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
41 Routine (Preventive) Dental	*Baseline*	*Baseline*
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
43 Home Health Prescriptions	*Baseline*	*Baseline*
44 Home Health Visits	*Baseline*	*Baseline*
45 Hospice	45 Hospice	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

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
46 Respite Care	*Baseline*	*Baseline*
47 Hospital	47 Hospital 51 Hospital - Emergency Accident 52 - Hospital - Emergency Medical 53 - Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
49 Hospital - Room and Board	*Baseline*	*Baseline*
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, Accumulated Benefits

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
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
54 Long Term Care	*Baseline*	*Baseline*
55 Major Medical	*Baseline*	*Baseline*
56 Medically Related Transportation	*Baseline*	*Baseline*
57 Air Transportation	*Baseline*	*Baseline*

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
58 Cabulance	*Baseline*	*Baseline*
59 Licensed Ambulance	*Baseline*	*Baseline*
60 General Benefits	60 General Benefits	Active/Non-Covered only
61 In-vitro Fertilization	61 In-vitro Fertilization	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
62 MRI/CAT Scan	62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
63 Donor Procedures	*Baseline*	*Baseline*
64 Acupuncture	*Baseline*	*Baseline*

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
65 Newborn Care	65 Newborn Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
66 Pathology	*Baseline*	*Baseline*
67 Smoking Cessation	*Baseline*	*Baseline*
68 Well Baby Care	68 Well Baby Care 80 - Immunizations BH - Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
69 Maternity	69 Maternity	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

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
70 Transplants	*Baseline*	*Baseline*
71 Audiology Exam	*Baseline*	*Baseline*
72 Inhalation Therapy	*Baseline*	*Baseline*
73 Diagnostic Medical	73 Diagnostic Medical 4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
74 Private Duty Nursing	*Baseline*	*Baseline*
75 Prosthetic Device	*Baseline*	*Baseline*

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
76 Dialysis	76 Dialysis	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
77 Otological Exam	*Baseline*	*Baseline*
78 Chemotherapy	78 Chemotherapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
79 Allergy Testing	*Baseline*	*Baseline*
80 Immunizations	80 Immunizations	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

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
81 Routine Physical	81 Routine Physical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
82 Family Planning	82 Family Planning	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
83 Infertility	83 Infertility 61 In-vitro Fertilization	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
84 Abortion	84 Abortion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
85 AIDS	*Baseline*	*Baseline*

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
86 Emergency Services	86 Emergency Services 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
87 Cancer	*Baseline*	*Baseline*
88 Pharmacy	88 Pharmacy	Active/ Inactive (at Minimum)
89 Free Standing Prescription Drug	*Baseline*	*Baseline*
90 Mail Order Prescription Drug	*Baseline*	*Baseline*
91 Brand Name Prescription Drug	*Baseline*	*Baseline*
92 Generic Prescription Drug	*Baseline*	*Baseline*

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
93 Podiatry	93 Podiatry	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
94 Podiatry - Office Visits	*Baseline*	*Baseline*
95 Podiatry - Nursing Home Visits	*Baseline*	*Baseline*
96 Professional (Physician)	*Baseline*	*Baseline*
97 Anesthesiologist	*Baseline*	*Baseline*

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
98 Professional (Physician) Visit - Office	98 - Professional (Physician) Visit Office BZ - Professional Visit Office: Well 98 - Professional (Physician) Visit - Office with MSG01 = 'SPECIALIST'	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

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
A1 Professional (Physician) Visit - Nursing Home	*Baseline*	*Baseline*
A2 Professional (Physician) Visit - Skilled Nursing Facility	*Baseline*	*Baseline*
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
A4 Psychiatric	*Baseline*	*Baseline*
A5 Psychiatric - Room and Board	*Baseline*	*Baseline*
A6 Psychotherapy	A6 Psychotherapy***	*** For these codes, return Active/Non-Covered at a minimum

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
A7 Psychiatric - Inpatient	A7 Psychiatric - Inpatient***	***For these codes, return Active/Non-Covered at a minimum
A8 Psychiatric - Outpatient	A8 Psychiatric - Outpatient***	***For these codes, return Active/Non-Covered at a minimum
A9 Rehabilitation	*Baseline*	*Baseline*
AA Rehabilitation - Room and Board	*Baseline*	*Baseline*
AB Rehabilitation - Inpatient	*Baseline*	*Baseline*
AC Rehabilitation - Outpatient	*Baseline*	*Baseline*

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
AD Occupational Therapy	AD Occupational Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AE Physical Medicine	AE Physical Medicine	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
AF Speech Therapy	AF Speech Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

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
AG Skilled Nursing Care	AG Skilled Nursing Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AH Skilled Nursing Care - Room and Board	*Baseline*	*Baseline*
AI Substance Abuse	AI Substance Abuse	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AJ Alcoholism	*Baseline*	*Baseline*
AK Drug Addiction	*Baseline*	*Baseline*

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
AL Vision (Optometry)	AL Vision (Optometry)	Active/ Inactive (at Minimum)
AM Frames	*Baseline*	*Baseline*
AN Routine Exam	*Baseline*	*Baseline*
AO Lenses	*Baseline*	*Baseline*
AQ Nonmedically Necessary Physical	*Baseline*	*Baseline*
AR Experimental Drug Therapy	*Baseline*	*Baseline*
BA Independent Medical Evaluation	*Baseline*	*Baseline*

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
BB Partial Hospitalization (Psychiatric)	*Baseline*	*Baseline*
BC Day Care (Psychiatric)	*Baseline*	*Baseline*
BD Cognitive Therapy	*Baseline*	*Baseline*
BE Massage Therapy	*Baseline*	*Baseline*
BF Pulmonary Rehabilitation	*Baseline*	*Baseline*
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

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
BH Pediatric	BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
BI Nursery	*Baseline*	*Baseline*
BJ Skin	*Baseline*	*Baseline*
BK Orthopedic	*Baseline*	*Baseline*
BL Cardiac	*Baseline*	*Baseline*
BM Lymphatic	*Baseline*	*Baseline*

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	*Baseline*	*Baseline*
BP Endocrine	*Baseline*	*Baseline*
BQ Neurology	*Baseline*	*Baseline*
BR Eye	*Baseline*	*Baseline*
BS Invasive Procedures	*Baseline*	*Baseline*
B1 Burn Care	*Baseline*	*Baseline*
B2 Brand Name Prescription Drug – Formulary	*Baseline*	*Baseline*

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
B3 Brand Name Prescription Drug – Non Formulary	*Baseline*	*Baseline*
BT Gynecological	BT Gynecological	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BU Obstetrical	BU Obstetrical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits *** For this code, only return Active/Non-Covered
BW Mail Order Prescription Drug: Brand Name	*Baseline*	*Baseline*

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
BX Mail Order Prescription Drug: Generic	*Baseline*	*Baseline*
BY Physician Visit – Office: Sick	BY Physician Visit – Office: Sick	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BZ Physician Visit – Office: Well	BZ Physician Visit – Office: Well	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
C1 Coronary Care	*Baseline*	*Baseline*
CA Private Duty Nursing – Inpatient	*Baseline*	*Baseline*

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
CB Private Duty Nursing – Home	*Baseline*	*Baseline*
CC Surgical Benefits – Professional (Physician)	*Baseline*	*Baseline*
CD Surgical Benefits – Facility	*Baseline*	*Baseline*
CE MH Provider – Inpatient	CE MH Provider – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Benefit Limits, Place of Service, Accumulated Benefits
CF MH Provider – Outpatient	CF MH Provider – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits

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
CG MH Provider Facility – Inpatient	CG MH Provider Facility – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CH MH Provider Facility – Outpatient	CH MH Provider Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CI Substance Abuse Facility – Inpatient	CI Substance Abuse Facility – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CJ Substance Abuse Facility – Outpatient	CJ Substance Abuse Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits

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
CK Screening X-ray	CK Screening X-ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CL Screening Laboratory	CL Screening Laboratory	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CM Mammogram, HR Patient	CM Mammogram, HR Patient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CN Mammogram, LR Patient	CN Mammogram, LR Patient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits

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
CO Flu Vaccination	CO Flu Vaccination	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CP Eye Wear and Eye Wear Associates	*Baseline*	*Baseline*
CQ Case Management	*Baseline*	*Baseline*
DG Dermatology	*Baseline*	*Baseline*
DM Durable Medical Equipment	DM Durable Medical Equipment *** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators *** For this code, only return Active/Non-Covered

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
DS Diabetic Supplies	*Baseline*	*Baseline*
GF Generic Prescription Drug – Formulary	*Baseline*	*Baseline*
GN Generic Prescription Drug – Non-Formulary	*Baseline*	*Baseline*
GY Allergy	*Baseline*	*Baseline*
IC Intensive Care	*Baseline*	*Baseline*

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
MH Mental Health	MH Mental Health*** CE MH Provider – Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators *** For this code, only return Active/Non-Covered
NI Neonatal Intensive Care	*Baseline*	*Baseline*
ON Oncology	*Baseline*	*Baseline*
PT Physical Therapy	PT Physical Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators
PU Pulmonary	*Baseline*	*Baseline*

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
RN Renal	*Baseline*	*Baseline*
RT Residential Psychiatric Treatment	*Baseline*	*Baseline*
TC Transitional Care	*Baseline*	*Baseline*
TN Transitional Nursery Care	*Baseline*	*Baseline*
UC Urgent Care	**UC** Urgent Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service Accumulators

NOTE: Requirements for "Accumulated Benefit" apply for DEDUCTIBLE, BENEFIT LIMITATIONS, & OUT-OF-POCKETS