Blue Cross & Blue Shield of Rhode Island

# 270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide (Real-Time and Batch)

# HIPAA version 5010

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## PREFACE

This *Companion Guide* supplements the *ASC X12 270/271 (*005010X279A1*) 5010 Technical Reports Type 3 (TR3)* and *Errata* adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI"). The rules for transmitting data detailed herein are compliant with both X12 syntax and the 5010 *TR3s*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *5010 Technical Reports Type 3 (TR3s* and *Errata).*

## DISCLAIMER

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change after July 1, 2011 in the event that BCBSRI revises its policies or HIPAA Transactions and Code Sets law is updated or amended.

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# 1.0 Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The *ANSI X12N 5010 TR3s* and *Erratas* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *5010 TR3s* are available electronically at www.wpc-edi.com.

# 2.0 Scope

This *270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 270/271 (*005010X279A1*) Health Care Eligibility Benefit Inquiry and Response 5010 TR3.* The specifications contained within this *Companion Guide* define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the *ANSI X12N 5010 TR3s* and *Erratas*.

The tables in **Section 7.1** and **Section 7.2** detail the additional information directly related to loops, segments, or data elements specific to BCBSRI transactions.

# 3.0 Trading Partners

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, trading partners must print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site: (https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp). Both original documents must be returned to:

Director, EDI & Electronic Information Exchange
ATTN: EDI Trading Partner Agreement & Registration
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

# 4.0 Working with BCBSRI

BCBSRI will work closely with its trading partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

### 4.1 Contact Information

The following contact information is provided to assist in the process of implementing 270/271 transactions or if you should encounter any 270/271 transaction production issues:

**Call the Information Technology (IT) Service Desk which supports BCBSRI, at 401-751-1673 or1-855-721-4211.**

## 5.0 Payer Connectivity/Communications

### 5.1 Transmission Administrative Procedures

BCBSRI's EDI & Electronic Information Exchange staff will establish logon IDs, passwords and a HIPAA transaction mailbox for each trading partner approved for testing. If a Trading Partner wishes to do Real-Time transactions, they will need to be assigned a logon ID & password by EDI & Electronic Information Exchange staff.

### 5.2 Retransmission Procedures

In the event that issues arise requiring trading partners to resubmit transactions, BCBSRI/IT Service Desk support personnel will confirm that it is necessary to retransmit the file(s) in question and will forward specific information to the trading partner.

### 5.3 Communications Protocols

The communications will utilize Internet browser technology (IP Protocol) to the secure BCBSRI Web page, Sterling File Gateway via HTTPS (with certificate) using IE 7.0 or greater or Secure File Transfer Protocol (SFTP) using SSH keys. It is required that all trading partners have Internet access with an industry standard browser.

BCBSRI provides a Web-based application known as BCBSRI Sterling File Gateway that enables trading partners to:

- Submit (send) HIPAA transactions
- Receive HIPAA transaction responses
- View history files (directory) of all transactions sent and received (only possible for batch files submitted. Not for real time.)
- BCBS Maintains 30 days of history for Batch transactions in each Trading Partners mailbox directory.

BCBSRI accepts Real-Time transmissions from Trading Partners. To send Real-Time transmissions, please refer to the *BCBSRI 27x Real-Time API Document* located at:

https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp .

#### 5.3.1 Passwords

Trading Partner access will be verified by the logon ID and password whenever the BCBSRI Connect Enterprise system is accessed. Operation procedures will assure that logons and passwords are initiated, monitored and maintained in a secure manner.

### 5.3.2 Connecting to BCBSRI via EDI Gateway

Please go to www.bcbsri.com and select the **Providers** tab, **HIPAA** and **Documentation** to view or print *BCBSRI EDI Gateway*, a document that provides detailed instructions on how to connect to the BCBSRI Connect Enterprise System. If necessary, also reference the *BCBSRI EDI Gateway Dialup Networking Guide* for specific data communications set-up instructions.

# 6.0 Receiver/Sender Identifiers

## 6.1 ISA-IEA Control Structure/Envelopes

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The BCBSRI assigned Submitter ID must be used in ISA06 and GS02. ID limited to 8 characters with a leading alpha prefix. Prefixes: **P** = **Production, T** = **Test**.

Receiver ID interchange control segments: Use ID Qualifier code ZZ in ISA07. The Receiver ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA08 and GS03.

### 6.1.1 ISA Delimiters

BCBSRI systems will accept the valid delimiters listed below and request that the use of delimiters be restricted to the following:

*** = Element Delimiter**

**: = Composite Delimiter**

**~ = Terminator Delimiter**

**^, {= Repetition Delimiter (ISA11)**

## 6.2 GS-GE Control Segments/Envelopes

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

**GS Segments/Reference Codes:**

| | | Batch | Real-Time |
|---|---|---|---|
| Functional Identifier Code | GS01 | HS | HS |
| Application's Sender Code | GS02 | TXXXXXXX (Test)<br>PXXXXXXX (Production) | TRXXXXXX (Test)<br>PRXXXXXX (Production) |
| Application's Receivers Code | GS03 | 222774 | R222774 |
| Date | GS04 | Date (ccymmdd) | Date (ccyymmdd) |
| Time | GS05 | Time (hhmm) | Time (hhmm) |
| Group Control Number | GS06 | Required | Required |

| | | | |
|---|---|---|---|
| Responsible Agency Code | GS07 | X | X |
| Version/Release/Industry Identifier Code | GS08 | 005010X279A1 | 005010X279A1 |

# 7.0 BCBSRI Specific Business Rules and Limitations

## 7.1 270 Eligibility Inquiry

**General:** The eligibility information returned is not a guarantee of claims payment. BCBSRI will follow the HIPAA search rule as described in Section 1.4.8 of the *270/271* 5010 *Technical Report Type 3 (TR3).* BCBSRI will respond to eligibility requests with all coverage information available for the patient identified as of the eligibility date requested (or the current date).

**Valid Submitters:** BCBSRI will only accept transactions from valid trading partners whose submitter IDs are on file. BCBSRI will reject any transmission if the submitter ID cannot be validated.

**Enveloping Data:** The 270 Real-Time requests must be limited to one patient request per ISA-IEA, GS-GE and ST-SE envelope configuration. BCBSRI will accept single GS-GE groups within a single ISA-IEA of the transaction envelope for Real-Time transaction.. Each group must be of the same transaction type

The only exceptions to this rule are Batch requests. BCBSRI will accept multiple GS-GE groups within a single ISA-IEA of the transaction envelope for Batch 270 transactions.

**Note:** Real-Time and Batch transactions cannot be mixed in the same ISA-IEA, GS-GE grouping

**Transaction Editing:** All HIPAA *(*005010X279A1*) 5010 Technical Reports Type 3 (TR3s)* and *Errata's* data requirements must be met including the required data elements to support the HIPAA search rules. If the required data elements are not sent within the transaction set ST-SE, the eligibility response will be returned with the appropriate AAA segment value

**The following are specific BCBSRI rules applicable to 270 Eligibility Inquiry transactions:**

| Item | Loop ID Segment Description and Element Name | Reference (REF) Designator | HIPAA TR3 Page Number | Comments |
|---|---|---|---|---|
| 1. | **Header Level**<br>Hierarchical Structure Code<br><br>Transaction Set Purpose Code | <br>BHT01<br><br>BHT02 | <br>63<br><br>64 | <br>Value 0022.<br><br>Only value 13 is applicable to BCBSRI eligibility requests. |
| 2. | **2100A – INFORMATION SOURCE NAME**<br>Entity Identifier Code<br><br>Identification Code Qualifier<br><br>Information Source Primary Identifier | <br>NM101<br><br>NM108<br><br>NM109 | <br>69<br><br>71<br><br>71 | <br>Value PR (Payer).<br><br>Value PI.<br><br>Submitters value with 00370 or 00870. |

| | | | | |
|---|---|---|---|---|
| 3. | **2100B -- INFORMATION RECEIVER NAME** Identify the eligibility/benefit receiver | NM108<br>NM109 | 77<br>78 | Value XX<br>NPI is required. |
| 4. | **2000C- SUBSCRIBER TRACE NUMBER**<br>Trace Number | TRN02 | 91 | Required when subscriber is the patient |
| 5. | **2100C – SUBSCRIBER NAME**<br>Subscriber Last Name | NM103 | 93 | Required if subscriber is patient. |
| | Subscriber First Name | NM104 | 93 | Required if subscriber is the patient. |
| | Subscriber Primary Identifier | NM109 | 96 | **Always required.**<br>**Note: Use BCBSRI ID exactly as it appears on the member's ID card, this includes the alpha prefix.** |
| | Provider Information Reference Qualifier | PRV02 | 105 | Value HPI |
| | Reference Code | PRV03 | 106 | NPI is required |
| | Subscriber Date of Birth | DMG02 | 108 | Required if subscriber is patient. |
| | Subscriber Date of Eligibility | DTP | 123 | If no date submitted, BCBSRI will assume request is for eligibility status for the current date.<br><br>If the date submitted is in the future, BCBSRI will only respond with status as of the current date valid until end of current month.<br><br>If eligibility request is previous to current date, it must be within 1 year of the transaction date.<br><br>Accumulated remaining deductible and out of pocket maximum are only returned for current date of request. |
| 6. | **2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION** | EQ | 125 | BCBSRI allows only a single EQ segment per request.<br>BCBSRI recommends to use a specific HIPAA service type(s) in EQ01<br><br>Refer to APPENDIX A for HIPAA Service Types |
| 7. | **2100D – DEPENDENT NAME**<br>Dependent Last Name | NM103 | 152 | Required if Dependent is patient. |
| | Dependent First Name | NM104 | 152 | Required if Dependent is patient. |
| | Dependent Date of Birth | DMG02 | 165 | Required if Dependent is patient. |
| | Dependent Date | DTP | 180 | If no date submitted, BCBSRI will assume request is for eligibility status for the current date.<br><br>If the date submitted is in the future, BCBSRI will only respond with status as of the current date valid until end of current month.<br><br>If eligibility request is previous to current date, it must be within 1 year of the transaction date<br><br>Accumulated remaining deductible and out of pocket maximum are only returned for current date of request. |

| | | | | |
|---|---|---|---|---|
| | | | | |
| 8. | **2110D – DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION** | EQ | 182 | BCBSRI allows only a single EQ segment per request.<br>BCBSRI recommends to use a specific HIPAA service type(s) in EQ01<br>Refer to Common Service types/APPENDIX A |

### 7.2 271 Eligibility Response

**The following are specific BCBSRI rules applicable to 271 Eligibility Response transactions:**

| Item | Loop ID Segment Description and Element Name | Reference (REF) Designator | HIPAA TR3 Page Number | Comments |
|---|---|---|---|---|
| 1. | **2100B – INFORMATION RECEIVER NAME**<br>NM1 Segment | NM1 | 233 | Will return information as received on the 270 transaction. |
| 2. | **2100C – SUBSCRIBER NAME**<br>NM1 Segment | NM1 | 249 | Will return information as stored in the BCBSRI system when we uniquely identify the subscriber in the 270 request. |
| 3. | **2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION** | EB | 289 | Eligibility and benefit information will be returned at this level if the subscriber is the patient. |
| 4. | **2100D – DEPENDENT NAME**<br>NM1 Segment | NM1 | 354 | Will return information as stored in the BCBSRI system when we uniquely identify the member in the 270 request. |
| 5. | **2110D – DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION** | EB | 393 | Eligibility information will be returned at this level if the member is the patient. |

### 7.3 Common Service Types (Baseline Service Types)

Baseline service types are HIPAA service types which are not supported for specific service type response and will return response with plan level and common benefits associated with members eligibility. Please refer to Appendix B. for all Service types expected to respond as baseline service types.

For example, when the Information Source ( Blue Cross & Blue Shield of Rhode Island) receives a benefit request for Orthopedic ( service type BK), the response will be Baseline Response as shown in Appendix A.

****If there is no benefit for the request type the system will not generate that service type in the response.**

**** 271 responses will include Service Type 30 (Plan level Coverage) in all responses.**

**APPENDIX A: Baseline response (Plan level and common benefits for member)**

| 270 REQUEST | | 271 RESPONSE | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **30** | **Health Benefit Plan Coverage** | 30 | Plan Level Benefits (Deductible, Copayments, Coinsurance) |
| ** These service types will return with Active or Inactive only<br><br>*** will return with Active or Inactive and 'SPECIALIST' message text when benefits returned is for specialist | | 1** | Medical Care |
| | | 86** | Emergency Services |
| | | 47** | Hospital |
| | | MH ** | Mental Health |
| | | 98*** | Primary Care Physician Office Visit, Office Visit, Hospital Based Clinic Visit, Hospital Based Pediatric Clinic Visit, Minute Clinic |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 48 | Hospital - Inpatient |
| | | 50 | Hospital - Outpatient |
| | | 52 | Hospital - Emergency Medical |
| | | AL | Vision/Optometry |
| | | BY | Professional Office Visit: Sick |
| | | BZ | Professional Office Visit: Well |
| | | UC | Urgent Care |

| APPENDIX B: List of all Baseline service types | |
|---|---|
| **The following Service Types will return Baseline response (same as Service Type 30)** | |
| 15 | Alternate Method Dialysis |
| 22 | Social Work |
| 32 | Plan Waiting Period |
| 43 | Home Health Prescriptions |
| 46 | Respite Care |
| 54 | Long Term Care |
| 58 | Cabulance |
| 63 | Donor Procedures |
| 71 | Audiology Exam |
| 85 | AIDS |
| 87 | Cancer |
| 95 | Podiatry - Nursing Home Visits |
| 96 | Professional (Physician) |
| A1 | Professional (Physician) Visit - Nursing Home |
| A2 | Professional (Physician) Visit - Skilled Nursing Facility |
| AQ | Non-medically Necessary Physical |
| BA | Independent Medical Evaluation |
| BD | Cognitive Therapy |
| BE | Massage Therapy |
| BJ | Skin |
| BK | Orthopedic |
| BL | Cardiac |
| BM | Lymphatic |
| BN | Gastrointestinal |
| BP | Endocrine |
| BQ | Neurology |
| BR | Eye |
| BS | Invasive Procedures |
| B1 | Burn Care |
| B2 | Brand Name Prescription Drug Formulary |
| B3 | Brand Name Prescription Drug – Non Formulary |
| BW | Mail Order Prescription Drug: Brand Name |
| BX | Mail Order Prescription Drug: Generic |
| C1 | Coronary Care |
| CA | Private Duty Nursing – Inpatient |
| CB | Private Duty Nursing – Home |
| CC | Surgical Benefits – Professional (Physician) |
| CD | Surgical Benefits - Facility |
| CP | Eye Wear and Eye Wear Associates |

| | |
|---|---|
| CQ | Case Management |
| DG | Dermatology |
| DS | Diabetic Supplies |
| GY | Allergy |
| IC | Intensive Care |
| GF | Generic Prescription Drug – Formulary |
| GN | Generic Prescription Drug – Non-Formulary |
| NI | Neonatal Intensive Care |
| ON | Oncology |
| PU | Pulmonary |
| RN | Renal |
| RT | Residential Psychiatric Treatment |
| TC | Transitional Care |
| TN | Transitional Nursery Care |

****If there is no benefit for the request type the system will not generate that service type in the response.**

**APPENDIX B: DETAILED BENEFITS RETURNED BY SERVICE TYPE**

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **60** | **General Benefits** | 60 | General Benefits |
| **1** | **Medical Care** | 1 | Medical Care (For this code, only Active/Inactive) |
| | | 2 | Surgical |
| | | 4 | Diagnostic X-Ray |
| | | 5 | Diagnostic Lab |
| | | 7 | Anesthesia |
| | | 8 | Surgical Assistance |
| | | 9 | Other Medical |
| | | 20 | Second Surgical Opinion |
| | | 30 | Health Benefit Plan Coverage |
| | | 42 | Home Health Care |
| | | 45 | Hospice |
| | | 48 | Hospital - Inpatient |

| | | | |
|---|---|---|---|
| | | 50 | Hospital - Outpatient |
| | | 51 | Hospital - Emergency Accident |
| | | 52 | Hospital - Emergency Medical |
| | | 53 | Hospital - Outpatient Surgery |
| | | 61 | In-vitro Fertilization |
| | | 62 | MRI/CAT Scan |
| | | 69 | Maternity |
| | | 73 | Diagnostic Medical |
| | | 76 | Dialysis |
| | | 83 | Infertility |
| | | 92 | Generic Prescription Drug |
| | | 98 | Primary Care Physician Office Visit, Office Visit, Hospital Based Clinic Visit, Hospital Based Pediatric Clinic Visit, Minute Clinic |
| | | 99 | Professional (Physician) Visit-Inpatient |
| | | AO | Professional (Physician) Visit-Outpatient |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | A3 | Professional (Physician) Visit-Home |
| | | A6 | Psychotherapy |
| | | A7 | Mental Health - Inpatient |
| | | A8 | Mental Health - Outpatient, Individual Sessions, Group Sessions |
| | | AB | Rehabilitation - Inpatient |
| | | AG | Skilled Nursing Care |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | BT | Gynecological |
| | | BU | Obstetrical |
| | | BY | Professional Office Visit: Sick |
| | | CE | Mental Health Provider - Inpatient |
| | | CF | Mental Health Provider - Outpatient |
| **2** | **Surgical** | 2 | Surgical |

| | | | |
|---|---|---|---|
| | | 7 | Anesthesia |
| | | 8 | Surgical Assistance |
| | | 20 | Second Surgical Opinion |
| **3** | **Consultation** | 3 | Consultation |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic Visits |
| | | 34 | Chiropractic Office Visits |
| | | 81 | Routine Physical |
| | | 98 | Professional (Physician) Visit- Office |
| | | 99 | Professional (Physician) Visit- Inpatient |
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | UC | Urgent Care |
| **4** | **Diagnostic X-Ray** | 4 | Diagnostic X-Ray |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 62 | Diagnostic MRI, CAT Scan |
| | | CK | Screening X-Ray |
| | | CN | Mammogram, Low Risk Patient |
| **5** | **Diagnostic Lab** | 5 | Diagnostic Lab: Preventative Machine Tests, Diagnostic Machine Tests, Diagnostic Lab, Preventative Lab, Lead Screening, Screening - Pap Smears, Screening - Prostate Specific Antigen Test |
| | | 30 | Health Benefit Plan Coverage |
| | | BT | Gynecological |
| | | CL | Screening Laboratory |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | CK | Screening X-Ray |
| **6** | **Radiation Therapy** | 6 | Radiation Therapy, Radiation Therapy - Treatment Planning |
| | | 30 | Health Benefit Plan Coverage |
| **7** | **Anesthesia** | 7 | Anesthesia |
| | | 30 | Health Benefit Plan Coverage |
| **8** | **Surgical Assistance** | 8 | Surgical Assistance |
| | | 30 | Health Benefit Plan Coverage |
| **9** | **Other Medical** | 9 | Other Medical, Early Intervention Services |
| | | 30 | Health Benefit Plan Coverage |
| **10** | **Blood Charges** | 10 | Blood Charges |

| | | | |
|---|---|---|---|
| | | 30 | Health Benefit Plan Coverage |
| **11** | **Used Durable Medical Equipment** | 11 | Used Durable Medical Equipment |
| | | 12 | Durable Medical Equipment-Purchase |
| | | 30 | Health Benefit Plan Coverage |
| | | DM | Durable Medical Equipment |
| **12** | **Durable Medical Equipment Purchase** | 12 | Durable Medical Equipment, Hearing Aids, Therapeutic Shoes - Diabetes Only, Custom-molded Shoe Inserts - Diabetes Only, Depth Shoe Inserts - Diabetes Only, Medical Supplies |
| | | 30 | Health Benefit Plan Coverage |
| | | DM | Durable Medical Equipment |
| **13** | **Ambulatory Service Center Facility** | 13 | Ambulatory Service Center Facility |
| | | 30 | Health Benefit Plan Coverage |
| **14** | **Renal Supplies in the Home** | 14 | Renal Supplies in the Home |
| | | 12 | Medical Supplies |
| | | 30 | Health Benefit Plan Coverage |
| **15** | **Alternate Method Dialysis** | 15 | Alternate Method Dialysis |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Office Visit |
| | | AL | Vision(Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |

| | | | |
|---|---|---|---|
| **16** | **Chronic Renal Disease (CRD) Equipment** | 16 | Chronic Renal Disease (CRD) Equipment |
| | | 12 | Durable Medical Equipment-Purchase |
| | | 30 | Health Benefit Plan Coverage |
| | | DM | Durable Medical Equipment |
| **17** | **Pre-Admission Testing** | 17 | Pre-Admission Testing |
| | | 4 | Diagnostic X-Ray |
| | | 5 | Diagnostic Lab, Diagnostic Machine Tests |
| | | 30 | Health Benefit Plan Coverage |
| | | 62 | Diagnostic MRI, CAT Scan |
| **18** | **Durable Medical Equipment Rental** | 18 | Durable Medical Equipment – Rental |
| | | 12 | Durable Medical Equipment- Purchase |
| | | 30 | Health Benefit Plan Coverage |
| | | DM | Durable Medical Equipment |
| **19** | **Pneumonia Vaccine** | 19 | Pneumonia Vaccine |
| | | 80 | Immunizations |
| | | 30 | Health Benefit Plan Coverage |
| | | CO | Flu Vaccination |
| **20** | **Second Surgical Opinion** | 20 | Second Surgical Opinion |
| | | 30 | Health Benefit Plan Coverage |
| | | 98 | Professional (Physician) Visit Office |
| | | BY | Physician Office Visit: Sick |
| **21** | **Third Surgical Opinion** | 21 | Third Surgical Opinion |
| | | 30 | Health Benefit Plan Coverage |
| | | 98 | Professional (Physician) Visit Office |
| | | BY | Physician Office Visit: Sick |
| **22** | **Social Work** | 22 | Social Work |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |

| | | | |
|---|---|---|---|
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Office Visit |
| | | AL | Vision(Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **23** | **Diagnostic Dental** | 23 | Diagnostic Dental |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **24** | **Periodontics** | 24 | Periodontics |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **25** | **Restorative** | 25 | Restorative |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **26** | **Endodontics** | 26 | Endodontics |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **27** | **Maxillofacial Prosthetics** | 27 | Maxillofacial Prosthetics |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **28** | **Adjunctive Dental Services** | 28 | Adjunctive Dental Services |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **30** | **Health Benefit Plan Coverage** | 30 | Health Benefit Plan Coverage |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 52 | Hospital Emergency Medical |

| | | | |
|---|---|---|---|
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Office Visit |
| | | AL | Vision(Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **32** | **Plan Waiting Period** | 32 | Plan Waiting Period |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Office Visit |
| | | AL | Vision(Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **33** | **Chiropractic** | 33 | Chiropractic Visits, Subluxation |
| | | 30 | Health Benefit Plan Coverage |
| | | 34 | Chiropractic Office Visits |
| | | 4 | Diagnostic Imaging |
| | | 62 | Diagnostic MRI, CAT Scan |
| **34** | **Chiropractic Office Visits** | 34 | Chiropractic Office Visits |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic Visits, Subluxation |
| | | 4 | Diagnostic Imaging |
| | | 62 | Diagnostic MRI, CAT Scan |

| 270 REQUEST | | 271 RESPONSE | |
|---|---|---|---|
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| **35** | **Dental Care** | 35 | Dental Care |
| | | 23 | Diagnostic Dental |
| | | 24 | Periodontics |
| | | 25 | Restorative |
| | | 26 | Endodontics |
| | | 27 | Maxillofacial Prosthetics |
| | | 28 | Adjunctive Dental Services |
| | | 30 | Health Benefit Plan Coverage |
| | | 36 | Dental Crowns |
| | | 37 | Dental Accident |
| | | 38 | Orthodontics |
| | | 39 | Prosthodontics |
| | | 40 | Oral Surgery |
| | | 41 | Routine (Preventive) Dental |
| **36** | **Dental Crowns** | 36 | Dental Crowns |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **37** | **Dental Accident** | 37 | Dental Accident |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **38** | **Orthodontics** | 38 | Orthodontics |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **39** | **Prosthodontics** | 39 | Prosthodontics |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Services - General |
| **40** | **Oral Surgery** | 40 | Dental - Oral Surgery |
| | | 25 | Dental Services - General |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **41** | **Routine (Preventive) Dental** | 41 | Routine (Preventive) Dental |
| | | 30 | Health Benefit Plan Coverage |
| | | 35 | Dental Care |
| **42** | **Home Health Care** | 42 | Home Health Care, Infusion Therapy, Infused Drugs |
| | | 30 | Health Benefit Plan Coverage |
| | | A3 | Professional (Physician) Visit - Home |
| **43** | **Home Health** | 43 | Home Health Prescriptions |

| | **Presciptions** | | |
|---|---|---|---|
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **44** | **Home Health Visits** | 44 | Home Health Visits |
| | | 30 | Health Benefit Plan Coverage |
| | | 42 | Home Health Care |
| **45** | **Hospice** | 45 | Hospice |
| | | 30 | Health Benefit Plan Coverage |
| **46** | **Respite Care** | 46 | Respite Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Visit: Sick |
| | | BZ | Physician Visit: Well |
| | | MH | Mental Health |

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| | | UC | Urgent Care |

| 270 REQUEST | | 271 RESPONSE | |
|---|---|---|---|
| EQ01 Service Type Requested | Service Description | EB03 Service Type Response | Service Type Benefits Returned |
| **47** | **Hospital** | 47 | Hospital |
| | | 30 | Health Benefit Plan Coverage |
| | | 48 | Hospital - Inpatient |
| | | 50 | Hospital - Outpatient |
| | | 51 | Hospital - Emergency Accident |
| | | 52 | Hospital - Emergency Medical |
| | | 53 | Hospital - Outpatient Surgery |
| | | 98 | Professional (Physician) Visit Office |
| | | 99 | Hospital - Inpatient Physician Services |
| | | AB | Rehabilitation - Inpatient |
| | | A0 | Professional (Physician) Visit - Outpatient |
| | | BY | Physician Office Visit: Sick |
| **48** | **Hospital - Inpatient** | 48 | Hospital - Inpatient |
| | | 30 | Health Benefit Plan Coverage |
| | | 99 | Professional (Physician) Visit- Inpatient |
| | | AB | Rehabilitation - Inpatient |
| **49** | **Hospital - Room and Board** | 49 | Hospital - Room and Board |
| | | 30 | Health Benefit Plan Coverage |
| | | 48 | Hospital - Inpatient |
| **50** | **Hospital - Outpatient** | 50 | Hospital - Outpatient |
| | | 30 | Health Benefit Plan Coverage |
| | | 51 | Hospital - Emergency Accident |
| | | 52 | Hospital - Emergency Medical |
| | | 53 | Hospital - Outpatient Surgery |
| | | 98 | Professional (Physician) Visit Office |
| | | A0 | Professional (Physician) Visit - Outpatient |
| | | BY | Physician Office Visit: Sick |
| **51** | **Hospital - Emergency Accident** | 51 | Hospital - Emergency Accident |
| | | 30 | Health Benefit Plan Coverage |
| | | 52 | Hospital - Emergency Medical |
| **52** | **Hospital - Emergency Medical** | 52 | Hospital - Emergency Medical |
| | | 30 | Health Benefit Plan Coverage |

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| **53** | **Hospital - Ambulatory Surgical** | 53 | Hospital - Ambulatory Surgical |
| | | 30 | Health Benefit Plan Coverage |
| **54** | **Long Term Care** | 54 | Long Term Care |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 1 | Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **55** | **Major Medical** | 55 | Major Medical |
| | | 30 | Health Benefit Plan Coverage |
| **56** | **Medically Related Transportation** | 56 | Medically Related Transportation |
| | | 30 | Health Benefit Plan Coverage |
| | | 57 | Air Transportation |
| | | 59 | Licensed Ambulance |
| **57** | **Air Transportation** | 57 | Air Transportation |
| | | 30 | Health Benefit Plan Coverage |
| **58** | **Cabulance** | 58 | Cabulance |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |

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|---|---|---|---|
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **59** | **Licensed Ambulance** | 59 | Licensed Ambulance |
| | | 30 | Health Benefit Plan Coverage |
| **60** | **General Benefits** | 60 | General Benefits |
| | | 30 | Health Benefit Plan Coverage |
| **61** | **In-vitro Fertilization** | 61 | In-vitro Fertilization |
| | | 30 | Health Benefit Plan Coverage |
| | | 83 | Infertility |
| **62** | **MRI/CAT Scan** | 62 | MRI/CAT Scan |
| | | 30 | Health Benefit Plan Coverage |
| **63** | **Donor Procedures** | 63 | Donor Procedures |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit-Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **64** | **Acupuncture** | 64 | Acupuncture |
| | | 30 | Health Benefit Plan Coverage |

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| **65** | **Newborn Care** | 65 | Newborn Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 99 | Professional (Physician) Visit - Inpatient |
| **66** | **Pathology** | 66 | Pathology |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | BT | Gynecological |
| **67** | **Smoking Cessation** | 67 | Smoking Cessation |
| | | 30 | Health Benefit Plan Coverage |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| **68** | **Well Baby Care** | 68 | Well Baby Care |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 80 | Immunizations |
| | | BH | Pediatric |
| | | BZ | Physician Office Visit: Well |
| **69** | **Maternity** | 69 | Pregnancy Services |
| | | 30 | Health Benefit Plan Coverage |
| | | BU | Obstetrical |
| **70** | **Transplants** | 70 | Organ Transplants |
| | | 2 | Surgical |
| | | 7 | Anesthesia |
| | | 8 | Surgical Assistance |
| | | 30 | Health Benefits Plan Coverage |
| | | 48 | Hospital - Inpatient |
| **71** | **Audiology Exam** | 71 | Audiology Exam |
| | | 1 | Medical Care |
| | | 30 | Health Benefits Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit |
| | | AL | Vision (Optometry) |

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| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **72** | **Inhalation Therapy** | 72 | Respiratory Therapy |
| | | 30 | Health Benefit Plan Coverage |
| **73** | **Diagnostic Medical** | 73 | Diagnostic Medical |
| | | 4 | Diagnostic X-Ray Diagnostic Imaging, Screening - Mammography, Diagnostic MRA, PT Scan, Nuclear Cardiology |
| | | 5 | Diagnostic Lab, |
| | | 30 | Health Benefit Plan Coverage |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 62 | MRI/CAT Scan |
| | | 98 | Professional (Physician) Visit - Office |
| | | BY | Physician Office Visit: Sick |
| | | CN | Mammogram, Low Risk Patient |
| **74** | **Private Duty Nursing** | 74 | Private Duty Nursing |
| | | 30 | Health Benefit Plan Coverage |
| **75** | **Prosthetic Device** | 75 | Prosthetic Device |
| | | 30 | Health Benefit Plan Coverage |
| **76** | **Dialysis** | 76 | Dialysis |
| | | 30 | Health Benefit Plan Coverage |
| **77** | **Otological Exam** | 77 | Otological Exam |
| | | 30 | Health Benefit Plan Coverage |
| **78** | **Chemotherapy** | 78 | Chemotherapy |
| | | 30 | Health Benefit Plan Coverage |
| | | AR | Experimental Drug Therapy |
| **79** | **Allergy Testing** | 79 | Allergy Testing |
| | | 30 | Health Benefit Plan Coverage |
| | | 80 | Immunizations |
| **80** | **Immunizations** | 80 | Immunizations |
| | | 30 | Health Benefit Plan Coverage |
| | | CO | Flu Vaccination |
| **81** | **Routine Physical** | 81 | Routine Physical |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 98 | Professional (Physician) Visit - Office |

| | | | |
|---|---|---|---|
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| **82** | **Family Planning** | 2 | Surgical |
| | | 30 | Health Benefit Plan Coverage |
| | | 81 | Routine Physical |
| | | 82 | Family Planning |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| **83** | **Infertility** | 83 | Infertility |
| | | 30 | Health Benefit Plan Coverage |
| | | 61 | In-vitro Fertilization |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 92 | Generic Prescription Drug |
| | | BY | Physician Office Visit: Sick |
| **84** | **Abortion** | 84 | Abortion |
| | | 7 | Anesthesia |
| | | 13 | Ambulatory Service Center Facility |
| | | 30 | Health Benefit Plan Coverage |
| | | 50 | Hospital - Outpatient |
| **85** | **AIDS** | 85 | Aids |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Office Visit |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |

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| **86** | **Emergency Services** | 86 | Emergency Services |
| | | 30 | Health Benefit Plan Coverage |
| | | 51 | Hospital - Emergency Accident |
| | | 52 | Hospital - Emergency Medical |
| | | 57 | Air Transportation |
| | | 59 | Licensed Ambulance |
| | | 86 | Emergency Services |
| | | 98 | Professional (Physician) Visit - Office |
| | | BY | Physician Office Visit: Sick |
| | | UC | Urgent Care |
| **88** | **Pharmacy** | 88 | Pharmacy Level Benefits, Injectable Drugs, Chemotherapy (Antineoplastics) for Cancer, Weight Loss Drugs, Lifestyle & Disease Mgt. Drugs, Specialty Drugs |
| | | 30 | Health Benefit Plan Coverage |
| | | 90 | Mail Order Prescription Drug |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 91 | Brand Name Prescription Drugs, Non-Preferred Brand Name Drugs, Non-Preferred Brand Name Drugs - (Non-Maintenance, Maintenance), Brand Name Drugs - (Non-Maintenance, Maintenance), Non-generic Products |
| | | 92 | Generic Prescription Drugs - |
| **89** | **Free Standing Prescription Drug** | 89 | Free Standing Prescription Drug |
| | | 30 | Health Benefit Plan Coverage |
| | | 88 | Pharmacy Level Benefits, Injectable Drugs, Chemotherapy (Antineoplastics) for Cancer, Weight Loss Drugs, Lifestyle & Disease Mgt. Drugs, Specialty Drugs |
| | | 91 | Brand Name Prescription Drugs, Non-Preferred Brand Name Drugs - (Non-Maintenance, Maintenance), Brand Name Drugs - (Non-Maintenance, Maintenance), Non-generic Products |
| | | 92 | Generic Prescription Drugs - (Non-Maintenance, Maintenance), Generic Products |
| **90** | **Mail Order Prescription Drug** | 90 | Mail Order Prescription Drug Mail Order Brand Name Drugs, Generic Drugs, Non-Preferred Brand Name Drugs, Prescription Drug, Nicotine Replacement Therapy, Glucometer, Diabetic Supplies - (Generic, Brand Name, Non-Preferred Brand Name), Non-Preferred Brand Name Drugs - (Non-Maintenance, Maintenance), Brand Name Drugs - (Non-Maintenance, Maintenance), Generic |

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| | | | Drugs - (Non-Maintenance, Maintenance), Infertility - (Generic Drugs, Brand Name Drugs, Non-Preferred Brand Name Drugs, Injectable - (Generic Drugs - Non-Maintenance, Maintenance), Injectable - (Brand Name Drugs - Non-Maintenance, Maintenance), Injectable - Non-Preferred Brand Name Drugs (Non-Maintenance, Maintenance), Chemotherapy for Cancer - (Generic Drugs, Brand Name Drugs, Non-Preferred Brand Name Drugs), Generic Products, Non-generic Products |
| | | 30 | Health Benefit Plan Coverage |
| **91** | **Brand Name Prescription Drug** | 91 | Brand Name Prescription Drug |
| | | 30 | Health Benefit Plan Coverage |
| | | 88 | Pharmacy |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **92** | **Generic Prescription Drug** | 92 | Generic Prescription Drugs, Infertility - Generic Drugs, Nicotine Replacement Therapy - Generic Drugs, Diabetic Supplies - Generic, Contraceptive Devices - Generic, Generic Drugs - Non-Maintenance, Generic Drugs - Maintenance, Oral Contraceptives - Generic Drugs, Erectile Dysfunction - Generic Drugs, Injectable - Generic Drugs - Non-Maintenance, Injectable - Generic Drugs - Maintenance, Chemotherapy (Antineoplastics) for Cancer - Generic Drugs, Generic Products |
| | | 30 | Health Benefit Plan Coverage |
| **93** | **Podiatry** | 93 | Podiatry |
| | | 30 | Health Benefit Plan Coverage |
| | | 94 | Podiatry - Office Services Routine Foot Care - Office Visit, Non-Routine Foot Care - Office Visit |
| | | BY | Physician Office Visit: Sick |
| **94** | **Podiatry - Office Visits** | 94 | Podiatry- Office Services Routine Foot Care - Office Visit, Non-Routine Foot Care - Office Visit |
| | | 30 | Health Benefit Plan Coverage |

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| | | BY | Physician Office Visit: Sick |
| **95** | **Podiatry – Nursing Home Visits** | 95 | Podiatry – Nursing Home Visits |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit-Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit-Sick |
| | | BZ | Physician Office Visit-Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| **96** | **Professional Physician** | 96 | Professional (Physician) |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit-Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |

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|---|---|---|---|
| | | UC | Urgent Care |
| **97** | **Anesthesiologist** | 97 | Anesthesiologist |
| | | 7 | Anesthesia |
| | | 30 | Health Benefit Plan Coverage |
| | | BY | Physician Office Visit: Sick |
| **98** | **Professional (Physician) Visit Office** | 98 | Professional (Physician) Visit –Office Primary Care Physician Office Visit, Office Visit, Hospital Based Clinic Visit, Hospital Based Pediatric Clinic Visit, Minute Clinic, Nutritional Counseling Visit, Diabetes Education |
| | | 30 | Health Benefit Plan Coverage |
| | | BY | Physician Office Visit-Sick |
| | | BZ | Physician Office Visit-Well |
| | | UC | Urgent Care |
| **99** | **Professional (Physician) Visit Inpatient** | 99 | Professional (Physician) Visit- Inpatient |
| | | 30 | Benefit Health Plan Coverage |
| **A0** | **Professional (Physician) Visit Outpatient** | A0 | Professional (Physician) Visit - Outpatient |
| | | 98 | Professional (Physician) Visit –Office Hospital Based Clinic Visit, Hospital Based Pediatric Clinic Visit |
| | | 30 | Health Benefit Plan Coverage |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | BY | Physician Office Visit: Well |
| **A1** | **Professional(Physician) Visit-Nursing Home** | A1 | Professional (Physician) Visit-Nursing Home |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit-Office |

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|---|---|---|---|
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **A2** | **Professional (Physician) Visit-Skilled Nursing Facility** | A2 | Professional (Physician) Visit-Skilled Nursing Facility |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit-Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **A3** | **Professional (Physician) Visit Home** | A3 | Professional (Physician) Visit - Home |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 30 | Health Benefit Plan Coverage |
| | | 98 | Professional (Physician) Visit –Office |
| | | BY | Physician Office Visit: Sick |
| **A4** | **Psychiatric** | A4 | Psychiatric |
| | | 30 | Health Benefit Plan Coverage |
| | | A7 | Psychiatric- Inpatient |
| | | A8 | Psychiatric- Outpatient, Individual Sessions, Group Sessions, Medication Visits, Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CE | Mental Health Provider - Inpatient |
| | | CF | Mental Health Provider - Outpatient |

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| | | CG | Mental Health Facility - Inpatient |
| | | CH | Mental Health Facility - Outpatient |
| | | MH | Mental Health |
| **A5** | **Psychiatric - Room and Board** | A5 | Psychiatric- Room and Board |
| | | 30 | Health Benefit Plan Coverage |
| | | A7 | Psychiatric- Inpatient |
| | | CE | Mental Health Provider-Inpatient |
| | | CG | Mental Health Facility-Inpatient |
| **A6** | **Psychotherapy** | A6 | Psychotherapy |
| | | 30 | Health Benefit Plan Coverage |
| | | A7 | Psychiatric- Inpatient |
| | | A8 | Psychiatric- Outpatient, Individual Sessions, Group Sessions |
| | | CE | Mental Health Provider - Inpatient |
| | | CF | Mental Health Provider - Outpatient |
| | | CG | Mental Health Facility - Inpatient |
| **A7** | **Psychiatric Inpatient** | A7 | Mental Health - Inpatient |
| | | 30 | Health Benefit Plan Coverage |
| | | 99 | Professional (Physician) Visit- Inpatient |
| | | A6 | Psychotherapy |
| | | CE | Mental Health Provider - Inpatient |
| | | CG | Mental Health Facility – Inpatient |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| **A8** | **Psychiatric Outpatient** | A8 | Mental Health - Outpatient, Individual Sessions, Group Sessions, Medication Visits, Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| | | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | A6 | Psychotherapy |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CF | Mental Health Provider - Outpatient |
| | | CH | |
| | | MH | |

| | | | |
|---|---|---|---|
| **A9** | **Rehabilitation** | A9 | Rehabilitation |
| | | 30 | Health Benefit Plan Coverage |
| | | 99 | Professional (Physician) Visit- Inpatient |
| | | AB | Rehabilitation - Inpatient |
| | | AD | Occupational Therapy - Following Admission, Occupational Therapy (Home) |
| | | AE | Physical Medicine |
| | | AF | Speech Therapy, Speech Therapy (Home) |
| | | PT | Physical Therapy |
| **AA** | **Rehabilitation - Room and Board** | AA | Rehabilitation - Room and Board |
| | | 30 | Health Benefit Plan Coverage |
| | | AB | Rehabilitation - Inpatient |
| **AB** | **AB Rehabilitation - Inpatient** | AB | Rehabilitation - Inpatient |
| | | 30 | Health Benefit Plan Coverage |
| **AC** | **Rehabilitation - Outpatient** | AC | Rehabilitation - Outpatient |
| | | 30 | Health Benefit Plan Coverage |
| | | AD | Occupational Therapy |
| | | AE | Physical Medicine |
| | | AF | Speech Therapy |
| | | PT | Physical Therapy |
| **AD** | **Occupational Therapy** | AD | Occupational Therapy - Following Admission, Occupational Therapy (Home) |
| | | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| **AE** | **Physical Medicine** | AE | Physical Therapy - Following Admission, Physical Therapy (Home) |
| | | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | PT | Physical Therapy |
| **AF** | **Speech Therapy** | AF | Speech Therapy (Home) |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| **AG** | **Skilled Nursing Care** | AG | Skilled Nursing Care |
| | | 30 | Health Benefit Plan Coverage |
| **AH** | **Skilled Nursing Care - Room and Board** | AH | Skilled Nursing Care - Room and Board |

| | | | |
|---|---|---|---|
| | | 30 | Health Benefit Plan Coverage |
| | | AG | Skilled Nursing Care |
| **AI** | **Substance Abuse** | AI | Substance Abuse--Chemical Dependency-Inpatient Rehabilitation, Partial Hospitalization Program, Inpatient Detoxification, Individual Sessions, Group Sessions, Intensive Outpatient Program, Inpatient, Outpatient |
| | | 30 | Health Benefit Plan Coverage |
| | | CI | Substance Abuse Facility - Inpatient |
| | | CJ | Substance Abuse Facility - Outpatient |
| **AJ** | **Alcoholism** | AJ | Alcoholism |
| | | 30 | Health Benefit Plan Coverage |
| | | AI | Substance Abuse--Chemical Dependency-Inpatient Rehabilitation, Partial Hospitalization Program, Inpatient Detoxification, Individual Sessions, Group Sessions, Intensive Outpatient Program, Inpatient, Outpatient |
| | | CI | Substance Abuse Facility - Inpatient |
| | | CJ | Substance Abuse Facility - Outpatient |
| **AK** | **Drug Addiction** | AK | Drug Addiction |
| | | 30 | Health Benefit Plan Coverage |
| | | AI | Substance Abuse--Chemical Dependency - Inpatient Rehabilitation, Inpatient Detoxification, Individual Sessions, Group Sessions, Inpatient, Outpatient |
| | | CI | Substance Abuse Facility - Inpatient |
| | | CJ | Substance Abuse Facility - Outpatient |
| **AL** | **Vision (Optometry)** | AL | Vision (Optometry) Non-routine Vision Care Visits, |
| | | 30 | Health Benefit Plan Coverage |
| | | AM | Frames |
| | | AN | Routine Eye Exam |
| | | AO | Lenses |
| **AM** | **Frames** | AM | Frames |
| | | 30 | Health Benefit Plan Coverage |
| **AN** | **Routine Exam** | AN | Routine Exam |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | | |
| | | 30 | Health Benefit Plan Coverage |
| | | AL | Vision (Optometry) |
| **AO** | **Lenses** | AO | Lenses - Single Vision, Bifocal (Single), Bifocal (Double), Trifocal, Aphakic Lenses - Glass, Plastic, Aspheric, Case Hardening, Contact |

| | | | |
|---|---|---|---|
| | | | Lenses |
| | | 30 | Health Benefit Plan Coverage |
| **AQ** | **Non-medically Necessary Physical** | AQ | Non-Medically Necessary Physical |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **AR** | **Experimental Drug Therapy** | AR | Experimental Drug Therapy, Experimental Drug Therapy - for Cancer |
| | | 30 | Health Benefit Plan Coverage |
| **BA** | **Independent Medical Evaluation** | BA | Independent Medical Evaluation |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |

| | | | |
|---|---|---|---|
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BB** | **Partial Hospitalization (Psychiatric)** | BB | Partial Hospitalization (Psychiatric) |
| | | 30 | Health Benefit Plan Coverage |
| | | CH | Mental Health Facility - Outpatient |
| **BC** | **Day Care (Psychiatric)** | BC | Day Care (Mental Health) |
| | | 30 | Health Benefit Plan Coverage |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CH | Mental Health Facility - Outpatient |
| | | A8 | Psychiatric –Outpatient - Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| **BD** | **Cognitive Therapy** | BD | Cognitive Therapy |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BE** | **Massage Therapy** | BE | Massage Therapy |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |

| | | | |
|---|---|---|---|
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BF** | **Pulmonary Rehabilitation** | BF | Pulmonary Rehabilitation |
| | | 30 | Health Benefit Plan Coverage |
| | | 72 | Inhalation Therapy |
| **BG** | **Cardiac Rehabilitation** | BG | Cardiac Rehabilitation |
| | | 30 | Health Benefit Plan Coverge |
| **BH** | **Pediatric** | BH | Pediatric |
| | | 5 | Diagnostic Lab Lead Screening |
| | | 30 | Health Benefit Plan Coverage |
| | | 68 | Well Baby Care |
| | | 80 | Immunizations - Pediatric |
| | | BZ | Physician Office Visit: Well |
| **BI** | **Nursery** | 65 | Newborn Care |
| | | 30 | Health Benefit Plan Coverage |
| | | BI | Nursery |
| **BJ** | **Skin** | BJ | Skin |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service** | **EB03** | **Service Type Benefits Returned** |

| Service Type Requested | Description | Service Type Response | |
|---|---|---|---|
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BK** | **Orthopedic** | BK | Orthopedic |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BL** | **Cardiac** | BL | Cardiac |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |

| 270 REQUEST | | 271 RESPONSE | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **BM** | **Lymphatic** | BM | Lymphatic |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BN** | **Gastrointestinal** | BN | Gastrointestinal |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BP** | **Endocrine** | BP | Endocrine |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |

| | | | |
|---|---|---|---|
| | | 35 | Dental Care |
| | | 47 | Hospital |

| 270 REQUEST | | 271 RESPONSE | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BQ** | **Neurology** | BQ | Neurology |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BR** | **Eye** | BR | Eye |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |

| | | | |
|---|---|---|---|
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BS** | **Invasive Procedures** | BS | Invasive Procedures |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **B1** | **Burn Care** | B1 | Burn Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |

| | | | |
|---|---|---|---|
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **B2** | **Brand Name Prescription Drug Formulary** | B2 | Brand Name Prescription Drug - Formulary |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **B3** | **Brand Name Prescription Drug Non-Formulary** | B3 | Brand Name Prescription Drug – Non- Formulary |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |

| | | | |
|---|---|---|---|
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BT** | **Gynecological** | 2 | Surgical |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 81 | Routine Physical |
| | | 82 | Family Planning |
| | | 83 | Infertility |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 88 | Pharmacy |
| | | 91 | Brand Name Prescription Drugs |
| | | 92 | Generic Prescription Drug |
| | | 98 | Professional (Physician) Visit –Office |
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| **BU** | **Obstetrical** | 69 | Maternity |
| | | 30 | Health Benefit Plan Coverage |
| | | BU | Obstetrical |
| | | BY | Physician Office Visit: Sick |
| **BV** | **Obstetrical / Gynecological** | 5 | Diagnostic Lab |
| | | 7 | Anesthesia |
| | | 13 | Ambulatory Service Center Facility Center |
| | | 30 | Health Benefit Plan Coverage |
| | | 50 | Hospital Outpatient |
| | | 69 | Maternity |
| | | 81 | Routine Physical |
| | | 83 | Infertility |
| | | 84 | Abortion |
| | | 88 | Pharmacy |
| | | 91 | Brand Name Prescription Drugs |
| | | 92 | Generic Prescription Drug |
| | | BT | Gynecological |
| | | BU | Obstetrical |
| | | BV | Obstetrical/Gynecological |
| | | BY | Physician Office Visit: Sick |
| **BW** | **Mail Order Prescription Drug Brand Name** | BW | Mail Order Prescription Drug – Brand Name |

| | | | |
|---|---|---|---|
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BX** | **Mail Order Prescription Drug Generic** | BX | Mail Order Prescription Drug - Generic |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **BY** | **Physician Visit – Office: Sick** | 3 | Consultation |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |

| | | | |
|---|---|---|---|
| | | 34 | Chiropractic Office Visits |
| | | 81 | Routine Physical |
| | | 98 | Professional (Physician) Visit –Office |
| | | 99 | Professional (Physician) Visit – Inpatient |
| | | A0 | Professional (Physician) Visit - Outpatient |
| | | A3 | Professional (Physician) Visit - Home |
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | UC | Urgent Care |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **BZ** | **Physician Visit – Office: Well** | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 68 | Well Baby Care |
| | | 81 | Routine Physical |
| | | 98 | Professional (Physician) Visit –Office |
| | | BT | Gynecological |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| **C1** | **Coronary Care** | C1 | Coronary Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |

| | | | |
|---|---|---|---|
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **CA** | **Private Duty Nursing - Inpatient** | CA | Private Duty Nursing - Inpatient |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **CB** | **Private Duty Nursing – Home** | CB | Private Duty Nursing - Home |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit: Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **CC** | **Surgical Benefits Professional** | CC | Surgical Benefits Professional (Physician) |

| | | | |
|---|---|---|---|
| | **(Physician)** | | |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| **CD** | **Surgical Benefits Facility** | CD | Surgical Benefits Facility |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **CE** | **Mental Health Provider - Inpatient** | 99 | Professional (Physician) Visit – Inpatient |

| | | | |
|---|---|---|---|
| | | 30 | Health Benefit Plan Coverage |
| | | A5 | Psychiatric Room and Board |
| | | A6 | Psychotherapy |
| | | A7 | Psychiatric Inpatient |
| | | CE | Mental Health Provider - Inpatient |
| | | CG | Mental Health Facility - Inpatient |
| **CF** | **Mental Health Provider - Outpatient** | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | A6 | Psychotherapy |
| | | A8 | Mental Health - Outpatient, Individual Sessions, Group Sessions, Medication Visits, Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CF | Mental Health Provider- Outpatient |
| | | CH | Mental Health Facility - Outpatient |
| | | MH | Mental Health |
| **CG** | **Mental Health Facility - Inpatient** | 99 | Professional (Physician) Visit – Inpatient |
| | | 30 | Health Benefit Plan Coverage |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | A5 | Psychiatric Room and Board |
| | | A6 | Psychotherapy |
| | | A7 | Psychiatric Inpatient |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CE | Mental Health Provider - Inpatient |
| | | CG | Mental Health Facility - Inpatient |
| | | CH | Mental Health Facility - Outpatient |
| **CH** | **Mental Health Facility - Outpatient** | BB | Partial Hospitalization (Psychiatric) |
| | | 30 | Health Benefit Plan Coverage |
| | | A6 | Psychotherapy |
| | | A8 | Mental Health - Outpatient, Individual Sessions, Group Sessions, Medication Visits, Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| | | 9 | Other Medical |
| | | CF | Mental Health Provider - Outpatient |
| | | CH | Mental Health Facility - Outpatient |

| | | | |
|---|---|---|---|
| | | MH | Mental Health |
| **CI** | **Substance Abuse Facility- Inpatient** | AI | Substance Abuse |
| | | 30 | Health Benefit Plan Coverage |
| | | CI | Substance Abuse Facility - Inpatient |
| | | CJ | Substance Abuse Facility - Outpatient |
| **CJ** | **Substance Abuse Facility - Outpatient** | AJ | Substance Abuse |
| | | 30 | Health Benefit Plan Coverage |
| | | AI | Substance Abuse |
| | | CI | Substance Abuse Facility - Inpatient |
| | | CJ | Substance Abuse Facility - Outpatient |
| **CK** | **Screening X-ray** | 4 | Diagnostic X-ray |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 62 | MRI/CAT Scan |
| | | CK | Screening X-Ray |
| | | CN | Mammogram, Low Risk Patient |
| **CL** | **Screening Laboratory** | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | BT | Gynecological |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | CL | Screening Laboratory |
| **CM** | **Mammogram, High Risk Patient** | 4 | Diagnostic X-ray |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 62 | MRI/CAT Scan |
| | | CK | Screening X-Ray |
| | | CM | Mammogram, High Risk Patient |
| | | CN | Mammogram, Low Risk Patient |
| **CN** | **Mammogram, Low Risk Patient** | 4 | Diagnostic X-ray |
| | | 5 | Diagnostic Lab |
| | | 30 | Health Benefit Plan Coverage |
| | | 62 | MRI/CAT Scan |
| | | CK | Screening X-Ray |

| | | | |
|---|---|---|---|
| | | CN | Mammogram, Low Risk Patient |
| **CO** | **Flu Vaccination** | 80 | Immunization |
| | | 30 | Health Benefit Plan Coverage |
| | | CO | Flu Vaccination |
| **CP** | **Eye Wear and Eye Wear Associates** | CP | Eye Wear and Eye Wear Associates |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **CQ** | **Case Management** | CQ | Case Management |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |

| | | | |
|---|---|---|---|
| **DG** | **Dermatology** | DG | Dermatology |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **DM** | **Durable Medical Equipment** | 11 | Used Durable Medical Equipment |
| | | 12 | Durable Medical Equipment Purchase |
| | | 18 | Durable Medical Equipment Rental |
| | | 30 | Health Benefit Plan Coverage |
| | | 75 | Prosthetic Device |
| | | DM | Durable Medical Equipment |
| **DS** | **Diabetic Supplies** | DS | Diabetic Supplies |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |

| | | | |
|---|---|---|---|
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **GF** | **Generic Prescription Drug Formulary** | GF | Generic Prescription Drug Formulary |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **GN** | **Generic Prescription Drug Non-Formulary** | GN | Generic Prescription Drug Non-Formulary |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |

| | | | |
|---|---|---|---|
| | | UC | Urgent Care |
| **GY** | **Allergy** | GY | Allergy |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **IC** | **Intensive Care** | IC | Intensive Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **MH** | **Mental Health** | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | 99 | Professional (Physician)Visit - Inpatient |

| | | | |
|---|---|---|---|
| | | A6 | Psychotherapy |
| | | A7 | Psychiatric Inpatient |
| | | A8 | Mental Health - Outpatient, Individual Sessions, Group Sessions, Medication Visits, Intensive Outpatient Program, Adult Intensive Services, Child Family Intensive Treatment |
| | | BB | Partial Hospitalization (Psychiatric) |
| | | CE | Mental Health Provider - Inpatient |
| | | CF | Mental Health Provider - Outpatient |
| | | CG | Mental Health Facility - Inpatient |
| | | CH | Mental Health Facility - Outpatient |
| **NI** | **Neonatal Intensive Care** | NI | Neonatal Intensive Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **ON** | **Oncology** | ON | Oncology |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | **Service Description** | **EB03** | **Service Type Benefits Returned** |
| **Service Type Requested** | | **Service Type Response** | |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |

| | | | |
|---|---|---|---|
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **PT** | **Physical Therapy** | 9 | Other Medical |
| | | 30 | Health Benefit Plan Coverage |
| | | A9 | Rehabilitation |
| | | AE | Physical Medicine |
| | | PT | Physical Therapy |
| **PU** | **Pulmonary** | PU | Pulmonary |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **RN** | **Renal** | RN | Renal |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |

| **270 REQUEST** | | **271 RESPONSE** | |
|---|---|---|---|
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |

| | | | |
|---|---|---|---|
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **RT** | **Residential Psychiatric Treatment** | RT | Residential Psychiatric Treatment |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **TC** | **Transitional Care** | TC | Transitional Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| **270 REQUEST** | | **271 RESPONSE** | |
| **EQ01** | | **EB03** | |
| **Service Type Requested** | **Service Description** | **Service Type Response** | **Service Type Benefits Returned** |

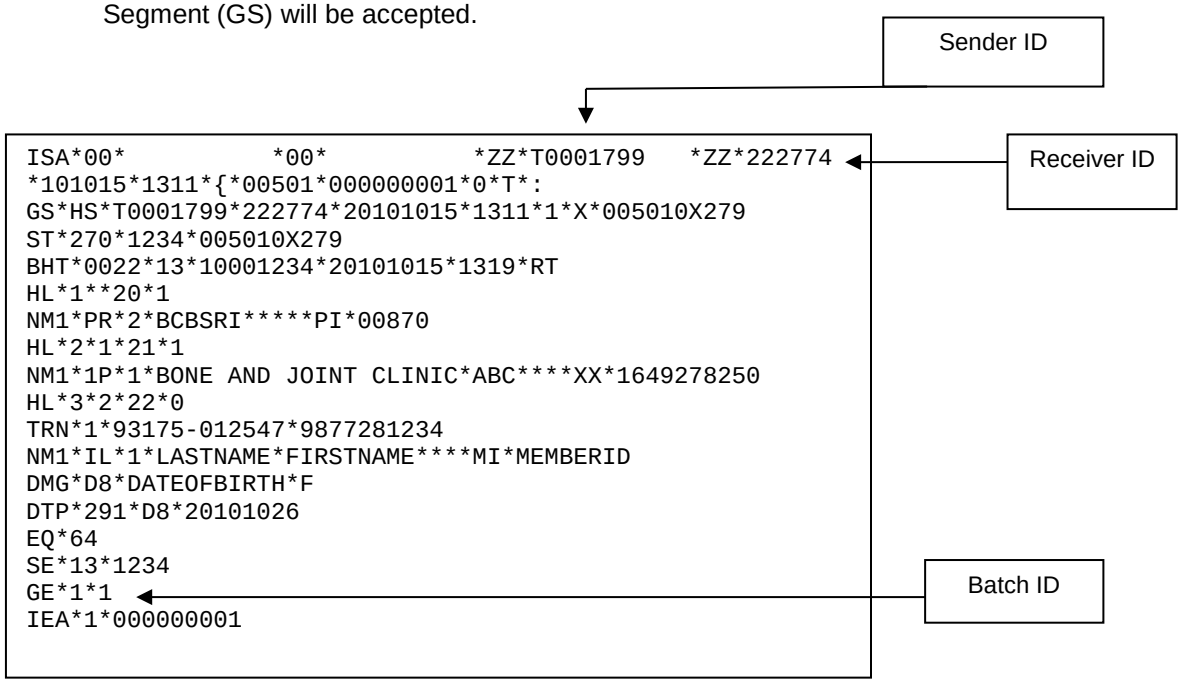
| | | | |
|---|---|---|---|
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **TN** | **Transitional Nursery Care** | TN | Transitional Nursery Care |
| | | 1 | Medical Care |
| | | 30 | Health Benefit Plan Coverage |
| | | 33 | Chiropractic |
| | | 35 | Dental Care |
| | | 47 | Hospital |
| | | 48 | Hospital Inpatient |
| | | 50 | Hospital Outpatient |
| | | 52 | Hospital Emergency Medical |
| | | 86 | Emergency Services |
| | | 88 | Pharmacy |
| | | 98 | Professional (Physician) Visit - Office |
| | | AL | Vision (Optometry) |
| | | BY | Physician Office Visit : Sick |
| | | BZ | Physician Office Visit: Well |
| | | MH | Mental Health |
| | | UC | Urgent Care |
| **UC** | **Urgent Care** | UC | Urgent Care |
| | | 30 | Health Benefit Plan Coverage |

### 7.4 270 Eligibility Inquiry Submission (Example)

In the following explanation, the prefix "T" signifies "test," and the prefix "P" signifies "production."

As illustrated in the example below:

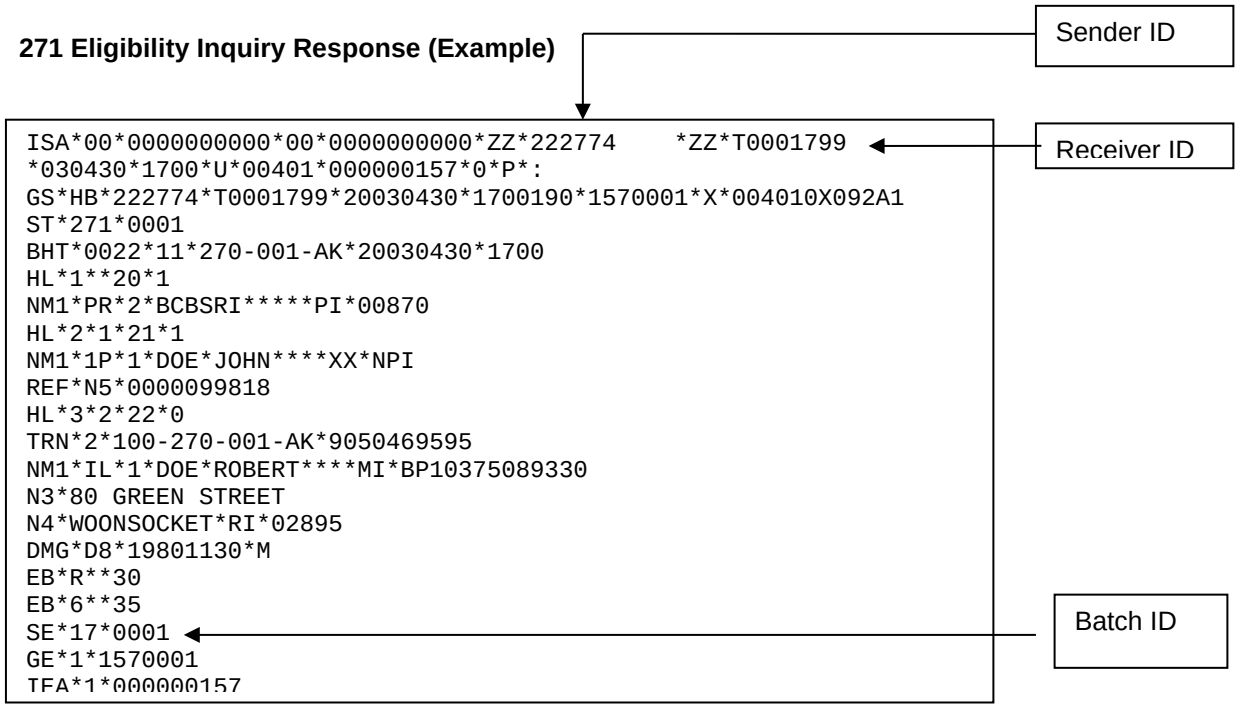
- the ISA Sender ID for Real-Time or batch submissions are **TXXXXXXX or PXXXXXXX**.
- in 270 Real-Time submissions, the GS02 Sender ID is **TRXXXXXX or PRXXXXXX.**
- the Receiver ID for Real-Time is GS **R222774**.
- one Real-Time request within one Transaction Set Header (ST) or one Group Segment (GS) will be accepted.




For **Real-Time**, the GS segment would appear as follows:

GS*HS*TR001799*222774*20101015*1311*1*X*005010X279

## 7.5 271 Eligibility Inquiry Response (Example)



When a request is for a non-BCBSRI member, a submitter will receive a 271 transaction indicating the request was forwarded to another entity. If multiple requests are submitted within an ST/SE, the 271 responses from the other entities will be received individually. If Real-Time is indicated, requests will be handled as non Real-Time.

# 8.0 999 Implementation Acknowledgement

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

Level 2 editing will be performed. A 999 would occur if a transaction set resulted in both Level 1 and Level 2 errors. If a Real-Time 270 is received without NPI information, a 271 Real-Time will be returned with **AAA*N**43*C~** . If a 270 Batch file is received without NPI information, the system will return a 999 & Plain Language report detailing the errors.

## 8.1 999 Implementation Acknowledgement (Rejection/Error)

In the event that a transmission is rejected, a 999 Implementation Acknowledgment (Rejection/Error), detailing the reasons for rejection will be issued for the convenience of the trading partner.

**BCBSRI meets all requirements of SNIP, (Strategic National Implementation Process), (HIPAA) Level 4 for all inbound transactions.**

Multiple 999s could occur if a transaction set resulted in both Level 1, 2 and/or Level 4 errors.

The following is a **999 Implementation Acknowledgement (Rejection/Error**) sample report:

```
ISA*00*          *00*          *ZZ*222774         *ZZ*U0001799
*101026*1637*{*00501*000000001*0*T*:
GS*FA*222774*U0001799*20101026*1637*1*X*005010X279
ST*999*0001*005010X279
AK1*HS*1*005010X279
AK2*270*1234*005010X279
IK3*DMG*10*2100C*8
IK4*2**2
IK5*R*5
AK9*R*1*1*0
SE*8*0001
GE*1*1
IEA*1*000000001
```

# 9.0 Certification and Testing

If you wish to submit 270 (Eligibility requests) to BCBSRI, complete the Trading Partner Agreement and Registration forms and return to the appropriate address located on the form. An EDI staff member will provide you with a User ID and password allowing you to access the Real time API website for testing and certification.

## 10.0 Document Version Control

| Version Number | Date | Modified By | Comments/Revision Details |
|---|---|---|---|
| 0.1 | October 20, 2010 | L. Merola | Initial DRAFT |
| | October 22, 2010 | L.Merola | Updating Appendix A for 5010 |
| | October 25, 2010 | L. Merola<br>C. Conley<br>D. Santos | DRAFT |
| | October 27, 2010 | L. Merola | Appendix A completed<br>Section 8.1: Inserted 999 sample report |
| | November 1, 2010 | L. Merola | DRAFT: Final |
| | November 16, 2010 | J. Harvey | DRAFT: Final (reviewed/edited formatting) |
| .1 | March 18, 2011 | L. DaSilva<br>M.Hegarty | DRAFT: Final (appendix modified) |
| 1.0 | April 29, 2011 | L.DaSilva<br>M.Hegarty | Published version for 5010 format |
| 1.1 | July 1, 2011 | M.Hegarty | Updated document for Level 4 (SNIP) editing<br>Section 8.1 |
| 1.2 | February 15, 2012 | D.Santos | Updated section 5.3 connectivity options |
| 1.21 | October 27, 2014 | D. Santos | Update section 4.1 Help Desk toll free number |
| 1.22 | September 22, 2016 | D. Santos | Updated section 9.0 |