BCBSRI Health Plan

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Technical Report Type 3
Based on ASC X12 version 005010**

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

July 2012

Disclosure Statement
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Preface

This *Companion Guide* supplements the *ASC X12 270/271 (005010X279) 5010 Technical Report 3(TR3)* and *Errata (005010X279A1)* 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 *Technical Reports 3(TR3s)* and *Errata*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the 5010 *Technical Reports 3(TR3s)* and *Errata.*

EDITOR'S NOTE:
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1 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 Technical Reports 3 (TR3s)* and *Errata* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The 5010 *Technical Reports 3 (TR3s)* are available electronically at www.wpc-edi.com.

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3s internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSRI Health Plan

In addition to the row for each segment, one or more additional rows are used to describe BCBSRI Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

270 Health Care Eligibility Benefit Inquiry

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
1.	**Header Level** Hierarchical Structure Code	BHT01	63	Value 0022.
	Transaction Set Purpose Code	BHT02	64	Only value 13 is applicable to BCBSRI eligibility requests.
2.	**2100A – INFORMATION SOURCE NAME** Entity Identifier Code	NM101	69	Value PR (Payer).
	Identification Code Qualifier	NM108	71	Value PI.
	Information Source Primary Identifier	NM109	71	Submitters value with 00370 or 00870.
3.	**2100B -- INFORMATION RECEIVER NAME** Identify the eligibility/benefit receiver	NM108 NM109	77 78	Value XX NPI is required.
4.	**2000C- SUBSCRIBER TRACE NUMBER** Trace Number	TRN02	91	Required when subscriber is the patient
5.	**2100C – SUBSCRIBER NAME** 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.** **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. 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. If eligibility request is previous to current date, it must be within 1 year of the transaction date. 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. BCBSRI recommends to use a specific HIPAA service type(s) in EQ01 Refer to APPENDIX A for HIPAA Service Types
7.	**2100D – DEPENDENT NAME** 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. 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. If eligibility request is previous to current date, it must be within 1 year of the transaction date 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. BCBSRI recommends to use a specific HIPAA service type(s) in EQ01 Refer to Common Service types/APPENDIX A

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.

OVERVIEW

This section specifies how to use the various sections of the document in combination with each other.

REFERENCES

The X12N Technical Report Type 3 adopted under HIPAA that this document is a companion to ASCX12N/005010X279

ADDITIONAL INFORMATION

- Easier to do Business with Electronic Transactions
- Faster, more efficient

2 GETTING STARTED

WORKING WITH BCBSRI HEALTH PLAN

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.

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.

TRADING PARTNER REGISTRATION

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

CERTIFICATION AND TESTING OVERVIEW

This section provides a general overview of what to expect during any certification and testing phases.

3 TESTING WITH THE PAYER

BCBSRI requires all Trading Partners to complete the Trading Partner Agreement and Registration forms prior to beginning testing. There are 2 Phases of Testing: Phase 1- Foresight Partner Testing and Phase2- BCBSRI End-To-End Partner Testing.

All Trading Partners are assigned Login ids and passwords for both Phases of Partner Testing.

Phase 1 Testing:
1. Login to the following URL (https://hipaatest.bcbsri.com/SpokeLogon.html) with your User-Id and password.   These will be provided to you via secure email, or regular mail.
2. Upload your 270 test file and analyze against the guideline that matches your transaction
   *5010-270X279 Types 1-7, Version 5, Release 1 (April 2008), Errata (June 2010), Health Care Eligibility Benefit Inquiry
3. Review the Test results report and make appropriate corrections. Once you have successfully tested against the main guideline above, and then analyze the same file against the RI guideline which contains our Business Rules for the 270.
   *RIA5010270 – BCBS of RI 5010 Health Care Eligibility Benefit Inquiry
    (270), Errata (June 2010)

Phase 2 Testing:
1. The URL for Phase 2 testing is as follows:
   https://www.bcbsri.com/RealTimeServicesWeb.Partner/services/X12RequestHandlerService
2. You will be provided the Real-time API User-id and password via secure email or regular mail
3. Refer to the BCBSRI Real-time API Documentation for instructions
4. An EDI Staff member will work with you during the testing phase and once your responses are acceptable, you may be moved to Production.
5. At this time you will be provided the Production login information (New ID, password and URL)

4   CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS

Please refer to the following document for Real-Time connectivity information:

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

TRANSMISSION ADMINISTRATIVE PROCEDURES

This section provides BCBSRI Health Plan's specific transmission administrative procedures.

RE-TRANSMISSION PROCEDURE

BCBSRI recommends validating the member and claim information on the X12 transaction to determine if there is incorrect data. Once data has been corrected, Trading Partner may resubmit the transaction.

COMMUNICATION PROTOCOL SPECIFICATIONS

276/277 can be sent using Batch transmission over our EDI Gateway with SFTP or HTTPS.

Please refer to this document to do Batch transmissions:
https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_HTTPS.pdf

or

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_SFTP_Connection_Transmission_Procedures.pdf

If you wish to do Real-Time transactions, refer to the following document:

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

PASSWORDS

BCBSRI Health Plan's assigns a password for each Trading Partner to use during the Test phase as well as Production. Passwords are provided as part of the Trading Partner setup.

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE

The EDI department can be reached at the following Email for Testing Purposes: Hipaa.edi.support@bcbsri.org

EDI TECHNICAL ASSISTANCE

The EDI department can be reached at the following Email for Testing Purposes: Hipaa.edi.support@bcbsri.org

PROVIDER SERVICE NUMBER

(401) 274-4848 or 1-800-230-9050
Fax: (401) 459-2287
Complex claims inquiries, policies and procedures, business practice change requests, and Web access information
Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.

APPLICABLE WEBSITES/E-MAIL

Documents can be obtained at the following URL:
https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp

The EDI department can be reached at the following Email for Testing Purposes: Hipaa.edi.support@bcbsri.org

6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI in the Trading Partner Agreement 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. Use the Receiver ID provided by BCBSRI in the Trading Partner Agreement in the ISA08 and GS03.

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)

GS-GE

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

		Batch format	Real-Time
Functional Identifier Code	GS01	HR	HR
Application's Sender Code	GS02	TXXXXXXX (test) PXXXXXXX (prod)	TRXXXXXX (test) PRXXXXX (prod)
Application's Receivers Code	GS03	222774	R222774
Date	GS04	CCYYMMDD	CCYYMMDD
Time	GS05	HHMM	HHMM
Group Control Number	GS06	Required	Required
Responsible Agency Code	GS07	X	X
Version/Release/Industry Identifier Code	GS08	005010X279	005010X279

Enveloping Data: BCBSRI will accept single GS-GE groups within a single ISA-IEA of the transaction envelope for Real-Time transactions. 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 multiple GS-GE groups within a single ISA-IEA of the transaction envelope for Batch transactions. Each group must be of the same transaction type.

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

ST-SE

BCBSRI follows the standard usage for ST-SE segments. For Real-Time transactions, there may be only ONE ST-SE.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

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

8 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements

REPORT INVENTORY

999 Report
271 Health Care Eligibility Benefit Response

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

TRADING PARTNERS

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

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

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

10 TRANSACTION SPECIFIC INFORMATION-271 Health Care Eligibility Benefit Response

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:
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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** NM1 Segment	NM1	233	Will return information as received on the 270 transaction.
2.	**2100C – SUBSCRIBER NAME** 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** 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.

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.

Baseline response (Plan level and common benefits for member)			
270 REQUEST		**271 RESPONSE**	
EQ01 **Service Type Requested**	**Service Description**	**EB03** **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 *** 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

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.

DETAILED BENEFITS RETURNED BY SERVICE TYPE			
270 REQUEST		**271 RESPONSE**	
EQ01 Service Type Requested	**Service Description**	**EB03 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

270 REQUEST		271 RESPONSE	
EQ01 Service Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
		AO	Professional (Physician) Visit-Outpatient
		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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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**	13	Ambulatory Service Center Facility

EQ01 Service Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
	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 Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
		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 Type Requested**	**Service Description**	**EB03** **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) 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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
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

270 REQUEST		271 RESPONSE	
EQ01 Service Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
	Prescriptions		
		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
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

		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

270 REQUEST		271 RESPONSE	
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 Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
		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
		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 **Service** **Type** **Requested**	**Service** **Description**	**EB03** **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
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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
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

EQ01 Service Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
		98	Professional (Physician) Visit
		AL	Vision (Optometry)
		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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
		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
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 **Service Type Requested**	**Service Description**	**EB03** **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 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 **Service Type Requested**	**Service Description**	**EB03** **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
		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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
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
		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

EQ01 Service Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
		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 Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
		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
		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 Service Type Requested	**Service Description**	**EB03 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
		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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
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

EQ01 Service Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
		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 Service Type Requested	Service Description	EB03 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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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 **Service Type Requested**	**Service Description**	**EB03** **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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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 Service Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
B2	**Brand Name**	B2	Brand Name Prescription Drug - Formulary

	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	**Service**	**EB03**	**Service Type Benefits Returned**

Service Type Requested	Description	Service Type Response	
		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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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 **Service Type Requested**	**Service Description**	**EB03** **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 **Service Type Requested**	**Service Description**	**EB03** **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 (Physician)**	CC	Surgical Benefits 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
UC	Urgent Care

270 REQUEST		271 RESPONSE	
EQ01 **Service Type Requested**	**Service Description**	**EB03** **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,

EQ01 Service Type Requested	Service Description	EB03 Service Type Response	Service Type Benefits Returned
			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 Service Type Requested	**Service Description**	**EB03 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 Type Requested**	**Service Description**	**EB03** **Service Type Response**	**Service Type Benefits Returned**
		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 **Service Type Requested**	**Service Description**	**EB03** **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 **Service Type Requested**	**Service Description**	**EB03** **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 **Service Type Requested**	**Service Description**	**EB03** **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 **Service Type Requested**	**Service Description**	**EB03** **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 Type Requested	**Service Description**	**EB03 Service Type Response**	**Service Type Benefits Returned**
		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 Service Type Requested	**Service Description**	**EB03 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 **Service** **Type** **Requested**	**Service** **Description**	**EB03** **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

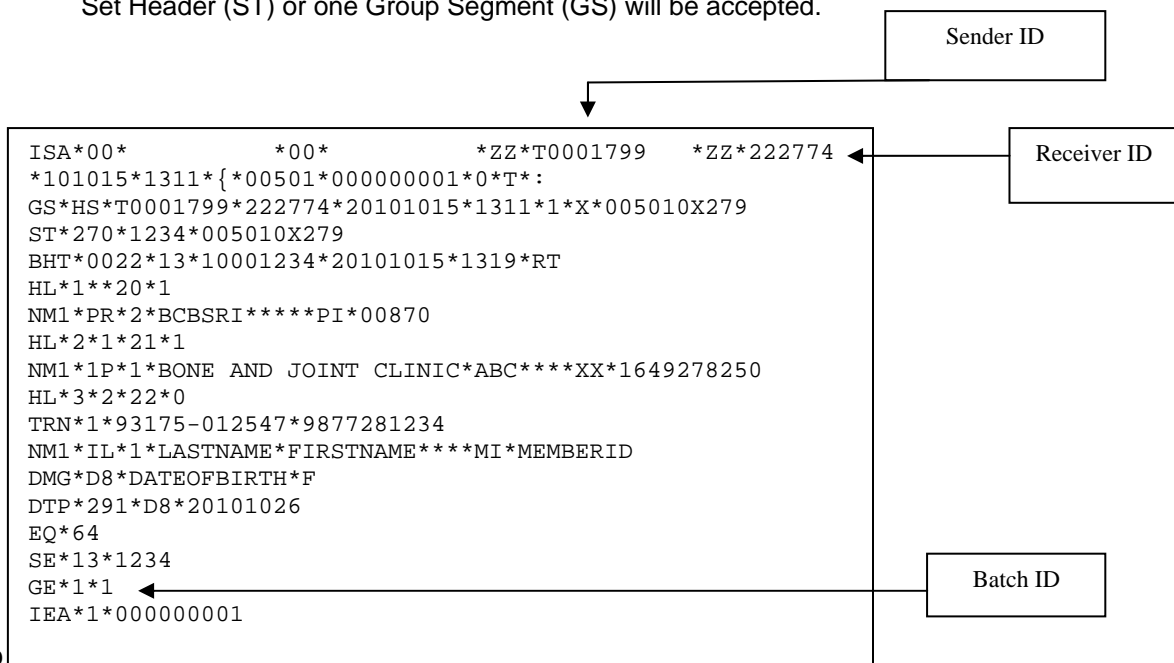|		47	Hospital
		48	Hospital Inpatient
		50	Hospital Outpatient
		52	Hospital Emergency Medical
		86	Emergency Services
		88	Pharmacy
		98	Professional (Physician) Visit - Office
		AL	Vision (Optometry)
		BY	Physician Office Visit : Sick
		BZ	Physician Office Visit: Well
		MH	Mental Health
		UC	Urgent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

APPENDICES

1. **Implementation Checklist**
   - Original Trading Partner Agreement & Registration forms completed
   - Batch Vs. Real-time- connectivity selection
   - Download of Companion Guide & related documents
     Test IDs & Passwords for Phase 1 & Phase 2 received
   - Listing of NPIs for Providers submitted to BCBSRI for Testing

2. **Business Scenarios**

The transmission 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 "non-Real-Time," batch submissions is **T00XXXXX or P00XXXXX**. For 276 Real-Time submissions, the ISA Sender ID is **T00XXXXX or P00XXXXX, the GS02=TR0XXXXX or PR0XXXXX.** One Real-Time request within one Transaction Set Header (ST) or one Group Segment (GS) will be accepted.

```
ISA*00*         *00*          *ZZ*T0001799  *ZZ*222774
*101015*1311*{*00501*000000001*0*T*:
GS*HS*T0001799*222774*20101015*1311*1*X*005010X279
ST*270*1234*005010X279
BHT*0022*13*10001234*20101015*1319*RT
HL*1**20*1
NM1*PR*2*BCBSRI*****PI*00870
HL*2*1*21*1
NM1*1P*1*BONE AND JOINT CLINIC*ABC****XX*1649278250
HL*3*2*22*0
TRN*1*93175-012547*9877281234
NM1*IL*1*LASTNAME*FIRSTNAME****MI*MEMBERID
DMG*D8*DATEOFBIRTH*F
DTP*291*D8*20101026
EQ*64
SE*13*1234
GE*1*1
IEA*1*000000001
```

Sender ID

Receiver ID

Batch ID

3. Transmission Examples

Please refer to the following document for Real-Time information:
https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

4. Frequently Asked Questions

Can a 270 request be submitted for an out of area or FEP(Federal Employee member)?

Non-BCBSRI member and FEP Eligibility requests will be forwarded to another entity, and the submitter will not receive any indication the request was forwarded. If multiple requests are submitted within a ST/SE, the 271 responses from the other entities will be received individually. **This functionality is not available in the TEST region, only in Production.**

What is the BCBSRI payer id or Plan code?

It is 00370 for Facility/Institutional and 00870 for Professional services.

Should we include the alpha prefix for Member identification number on the Inquiry?

Yes, include the number exactly as it appears on the Member's Id Card, including prefix.

5. Change Summary

July 2012	Version 1.0 Original Version	M. Hegarty