

Administrative Services of Kansas

ANSI X12N 270/271 V4010A1 Health Care Eligibility Benefit Inquiry and Response Companion Document Blue Cross and Blue Shield of Kansas, Inc. Blue Cross and Blue Shield of Kansas City, Inc.

Last Updated April 1, 2009

The Health Insurance Portability and Accountability Act (HIPAA) requires all health insurance payers in the United States to 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 270/271 Implementation Guide has been established as the standard of compliance for eligibility transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 270/271 Implementation Guide. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the ANSI X12N 270/271 Implementation Guide.

This document is subject to change as new information is available. Please check the ASK Web Site at www.ask-edi.com for updated documents.

General Statements

An ANSI 270 transaction set is required to start the inquiry process. Submitters passing syntax and implementation guide editing will have responses returned via the ANSI 271 transaction set based on the implementation guide. Submitters not passing syntax and implementation guide editing will have responses returned via a TA1 and/or a 997 response.

1. ASK will reject an interchange (transmission) that is submitted with an identification number that is not authorized for electronic submission.
2. All dates that are submitted on an incoming 270 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Invalid dates will cause the transaction to reject.
3. ASK will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA –IEA (Interchange).
4. ASK will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Implementation Guide.
5. Only loops, segments, and data elements valid for the HIPAA 270 Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
6. Compression of files using PKZIP or UNIX compression is supported for all batch transmissions between the submitter and ASK. Other compression software compatible with these may also be supported.
7. All hierarchical level (HL) segments must be in order from one, by one (+1) and must be numeric.
8. ASK will convert all lower case alphabetic characters submitted on an inbound 270 file to upper case when sending data to the payers processing system. Likewise, ASK will convert the 271 response file from the payer to all upper case alphabetic characters before sending to the trading partner.
9. You must submit incoming 270 eligibility data using the basic character set as defined in Appendix A of the 270 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted

from the extended character set may cause the data interchange (transmission) to be rejected at the translator.

10. The incoming 270 transactions utilize delimiters from the following list: '>', '*~', '^', '|', and ':'. Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected. ASK will convert delimiters to '*~', ':', and '~' before sending to the payers. Likewise, ASK will only return delimiters of '*~', ':', and '~' in the 271 response to the trading partner.
11. If the membership eligibility request is for a FEP member or the certificate alpha prefix indicates that the membership is for another BCBS Plan, the membership eligibility response will be developed outside of BCBSKC or BCBSKS (via BlueExchange - see definition below). The response may be more or less robust than that of BCBSKC or BCBSKS.
12. Confirmation of eligibility does not guarantee claims payment.
13. Eligibility inquiries must be submitted to the local Blue Plan. Requests submitted by providers outside of the company service area will be returned without eligibility information.
14. **BCBSKS:** Eligibility information will only be returned to providers contracting with BCBSKS.
15. **BCBSKS:** Information received in the 271, is based on the information available in the BCBSKS system on the day the 271 was generated as long as the service is eligible for benefits under the patients contract. Accumulated co-insurance and deductible amounts are based on the date of service for which the 270 is generated.
16. **BCBSKS:** Eligibility inquiries are not available from midnight to 2:00 A.M. Tuesday through Saturday and 6:00 A.M. to midnight Sunday.
17. **BCBSKC:** Real time eligibility inquiries are not available from midnight Saturday through 5:00 A.M. Monday.
18. **BCBSKC:** Information received in the 271, including Accumulated Amounts, is based on the information available in the BCBSKC system at the day and time the 271 request was generated.
19. **BCBSKS:** The search range on a 270 request will be limited to 24 months in the past, and 30 days in the future.
20. **BCBSKS:** Any questions on 271 responses from another Blue Plan will need to be discussed with that plan.
21. **BCBSKS:** A separate 271 response is created for each 270 submitted.
22. **BCBSKS & BCBSKC: Electronic eligibility inquiries are not intended to comply with COBRA notification regulations. If a member is showing as inactive but may be eligible for COBRA coverage, please contact Customer Service.**

270 Companion Information

The following information is intended to serve as a guide to the HIPAA ANSI X12 270/271 Implementation Guide. Information contained within this document applies to all payers unless otherwise stated.

Page	Loop	Seg.	Data Element	Comments
INTERCHANGE CONTROL HEADER/ISA				
B.4	N/A	ISA05	Interchange ID Qualifier	'ZZ'
B.4	N/A	ISA06	Interchange Sender ID	Trading Partner Number assigned by ASK.
B.4	N/A	ISA07	Interchange ID Qualifier	'ZZ'
B.5	N/A	ISA08	Interchange Receiver ID	ASK INC (A space should be entered between ASK and Inc.)
B.6	N/A	ISA15	Usage Indicator	Must equal 'P'.
FUNCTIONAL GROUP HEADER/GS				
B.8	N/A	GS02	Application Sender's Code	Trading Partner Number Assigned by ASK.

Page	Loop	Seg.	Data Element	Comments
B.8	N/A	GS03	Application Receiver's Code	ASK INC (A space should be entered between ASK and Inc.)
TRANSACTION SET HEADER/ ST				
36	N/A	ST02	Transaction Set Control Number	ASK may reject an interchange (transmission) that is not submitted with unique values in the ST02 element.
LOOP 2100A – INFORMATION SOURCE NAME				
44	2100A	NM101	Entity Identifier Code	Must equal 'PR'.
46	2100A	NM108	Identification Code Qualifier	Must equal 'PI'.
46	2100A	NM109	Information Source Primary Identifier	The appropriate Payer number must be submitted. BCBSKS = 47163 BCBSKC = 47171
LOOP 2100B – INFORMATION RECEIVER NAME				
52	2100B	NM108	Identification Code Qualifier	Must contain 'XX'.
52	2100B	NM109	Information Receiver Identification Number	NPI
LOOP 2100C – SUBSCRIBER NAME				
71	2100C	N/A	N/A	BCBSKC : The subscriber name is required if the subscriber is the patient. The dependent name is required only when the dependent is the patient.
72	2100C	NM103	Subscriber Last Name	Required on all transactions. BCBSKC : Only the first 5 characters will be used to match eligibility. BCBSKS : The first 2 characters will be used to match eligibility if the subscriber ID is submitted. The full name may be used if multiple matches are made, or the subscriber ID is not present.
72	2100C	NM104	Subscriber First Name	BCBSKC : Only the first 5 characters will be used to match eligibility. BCBSKS : Will be used if multiple matches are made, or the subscriber ID is not present.
72	2100C	NM105	Subscriber Middle Name	BCBSKC : Only the first character will be used to match eligibility.
72	2100C	NM107	Subscriber Name Suffix	BCBSKC : May be supplied, but will not be used when searching by name.
73	2100C	NM108	Identification Code Qualifier	Must equal 'MI'.
73	2100C	NM109	Subscriber Primary Identifier	BCBSKC : Must contain the subscriber ID including any prefix. Only the first 12 characters will be used. BCBSKS : Should contain the subscriber ID, including any prefix.
78	2100C	N401	Subscriber City Name	BCBSKS : Will be used if multiple matches are made, or the subscriber ID is not present.
79	2100C	N402	Subscriber State Code	BCBSKS : Will be used if multiple matches are made, or the subscriber ID is not present.
83	2100C	DMG	Subscriber Demographic Information	BCBSKC : The DMG segment is required when the subscriber is the patient.

Page	Loop	Seg.	Data Element	Comments
84	2100C	DMG02	Subscriber Birth Date	BCBSKC: Required when the subscriber is the patient. BCBSKS: The month and year will be used to match eligibility if the subscriber ID is submitted. The full date of birth may be used if multiple matches are made, or the subscriber ID is not present.
87	2100C	DTP	Subscriber Date	If not submitted, eligibility will be conveyed for the current day. Eligibility requests will be processed using the same from and to date.
LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
90	2110C	EQ01	Service Type Code	Service Type Codes used by BCBSKS and BCBSKC can be found in Attachments A and B. Please refer to the appropriate list for each payer. Any valid Service Type Code not found on these lists will be responded to with a Service Type Code 30. Requests should be as specific as possible. The more specific the inquiry, the more specific the response will be. BCBSKC: Must provide a valid Service Type Code. Recommend submitting only one EQ and no procedure/diagnosis codes. BCBSKS: Only one EQ can be submitted per 270 request.
LOOP 2100D – DEPENDENT NAME				
114	2100D	N/A	N/A	BCBSKC: The subscriber name is required if the subscriber is the patient. The dependent name is required only when the dependent is the patient.
115	2100D	NM103	Dependent Last Name	Required when the dependent is the patient. BCBSKC: Only the first 5 characters will be used to match eligibility. BCBSKS: The first 2 characters will be used to match eligibility if the subscriber ID is submitted. The full name may be used if multiple matches are made, or the subscriber ID is not present.
115	2100D	NM104	Dependent First Name	BCBSKC: Only the first 5 characters will be used to match eligibility. BCBSKS: Will be used if multiple matches are made, or the subscriber ID is not present.
115	2100D	NM105	Dependent Middle Name	BCBSKC: Only the first character will be used to match eligibility.
115	2100D	NM107	Dependent Name Suffix	BCBSKC: May be supplied, but will not be used when searching by name.
119	2100D	N401	Dependent City Name	BCBSKS: Will be used if multiple matches are made, or the subscriber ID is not present.
120	2100D	N402	Dependent State Code	BCBSKS: Will be used if multiple matches are made, or the subscriber ID is not present.
124	2100D	DMG	Dependent Demographic Information	BCBSKC: The DMG segment is required when the dependent is the patient.

Page	Loop	Seq.	Data Element	Comments
125	2100D	DMG02	Dependent Birth Date	BCBSKC: Required when the dependent is the patient. BCBSKS: The month and year will be used to match eligibility if the subscriber ID is submitted. The full date of birth may be used if multiple matches are made, or the subscriber ID is not present.
129	2100D	DTP	Dependent Date	If not submitted, eligibility will be conveyed for the current day. Eligibility requests will be processed using the same from and to date.
LOOP 2110D – DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
				BCBSKS: Only one EQ can be submitted per 270 request.
132	2110D	EQ01	Service Type Code	Service Type Codes used by BCBSKS and BCBSKC can be found in Attachments A and B. Please refer to the appropriate list for each payer. Any valid Service Type Code not found on these lists will be responded to with a Service Type Code 30. Requests should be as specific as possible. The more specific the inquiry, the more specific the response will be. BCBSKC: Must provide a valid Service Type Code. Recommend submitting only one EQ and no procedure/diagnosis codes. BCBSKS: Only one EQ can be submitted per 270 request.

271 Companion Information

The following information is intended to serve as a guide to the HIPAA ANSI X12 270/271 Implementation Guide. Information contained within this document applies to all payers unless otherwise stated.

Page	Loop	Seq.	Data Element	Comments
LOOP 2100B – INFORMATION RECEIVER NAME				
180	2100B	NM108	Identification Code Qualifier	'XX' (NPI)
181	2100B	NM109	Information Receiver Identification Number	NPI
LOOP 2100C – SUBSCRIBER NAME				
212	2100C	INS	Subscriber Relationship	An INS segment will be returned if changes are made to the first name, last name, middle name, date of birth or gender.
LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				
218	2110C	N/A	N/A	Payers will return one to many EB segments.
219	2110C	EB01	Eligibility or Benefit Information	Payers will return all applicable eligibility or benefit codes regardless of the request that is made.
221	2110C	EB02	Coverage Level Code	The appropriate Coverage Level Code will be returned for each eligibility or benefit.
221	2110C	EB03	Service Type Code	The appropriate Service Type Code will be returned for each eligibility or benefit.

Page	Loop	Seq.	Data Element	Comments
244	2110C	MSG01	Free-Form Message Text	A disclaimer will be added to all responses. "UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITATIONS AND THE MEMBER'S ELIGIBILITY STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED."
LOOP 2100D – DEPENDENT NAME				
289	2100D	INS	Dependent Relationship	An INS segment will be returned if changes are made to the first name, last name, middle name, date of birth or gender.
LOOP 2110D – DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION				
295	2110D	N/A	N/A	Payers will return one to many EB segments.
296	2110D	EB01	Eligibility or Benefit Information	Payers will return all applicable eligibility or benefit codes regardless of the request that is made.
298	2110D	EB02	Coverage Level Code	The appropriate Coverage Level Code will be returned for each eligibility or benefit.
298	2110D	EB03	Service Type Code	The appropriate Service Type Code will be returned for each eligibility or benefit.
320	2110D	MSG01	Free-Form Message Text	A disclaimer will be added to all responses. "UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITATIONS AND THE MEMBER'S ELIGIBILITY STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED."

BlueExchange

BlueExchange is a solution for managing the flow of standard transactions between Blue Cross Blue Shield Plans to satisfy customer needs. BlueExchange allows trading partners to send standard transactions for any Blue Cross Blue Shield Plan to their local Blue Cross Blue Shield Plan. The trading partners local Plan will route that transaction through BlueExchange to receive a response from the applicable Blue Cross Blue Shield Plan. The BlueExchange core hours of operation are Monday-Saturday 6:00 am to midnight.

997 – Functional Acknowledgement

1. We suggest retrieval of the TA1 & ANSI 997 functional acknowledgement files on or before the first business day after the claim file is submitted, but no later than five days after the file submission.
2. The version of the 837 inbound transactions will be returned in the GS08 (Version/Release/Industry/Identifier Code) of the 997.
3. Separate response files and/or reports are created for each ISA-IEA Interchange within a physical file.
4. Instead of utilizing the ASC X12 syntax rules for the standard generation of the 997, the ASK translation process will utilize the structure presented in the 004010A1x092 IG document as the "standard".

ASK Eligibility Benefit Response (271) Naming

- Date is the four-digit year, the two-digit month, and the two-digit date (i.e. 20030530 – May 30, 2003).
- Time is in military time as the two-digit hour, two-digit minute and a two-digit second (i.e. 142345 – 2:23:45 p.m.).
- NNNN is a four-digit sequence number.

Naming Format	Description
Filename_00001.NNNN.997	997 for a Submitted 270
KS271.date.time.NNNN	271 Response for a BCBSKS Inquiry
KC271.date.time.NNNN	271 Response for a BCBSKC Inquiry

**Blue Cross and Blue Shield of Kansas, Inc.
Service Type Codes Used by BCBSKS for 270/271 Transactions**

Last Updated April 2, 2007

A request for information should always be as specific as possible. In some cases, a Service Type Code, usually requesting general information, will generate several EB03 segments. It is recommended that the requester provide a more specific Service Type Code to keep the response appropriate to the need. For example: A provider wanting to know if an office visit is covered would do better to use the Service Type Code 98 (Professional Physician Visit – Office), than to submit a Service Type Code 1 (Medical Care), which would also provide information on hospitalization, emergency services, and psychiatric services as well as other services, making it difficult for the provider to find the needed information.

Note: Any valid Service Type Code not found on this list will be responded to with a Service Type Code 30 (Health Benefit Plan Coverage).

270 – Information Requested	271 – Response Based on Request	
EQ01 – Service Type Code	EB03 – Service Type Code	Liability Summary
1 Medical Care	1 Medical Care*** 48 Hospital – Inpatient 50 Hospital – Outpatient 52 Hospital – Emergency Medical 98 Professional (Physician) Visit – Office A7 Psychiatric – Inpatient A8 Psychiatric – Outpatient MSG01 = 'Specialist' MSG01 = 'Urgent'	Co-Insurance, Deductible, Co-pay *** For this code, only Active/Inactive Required.
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
3 Consultation	3 Consultation	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
4 Diagnostic X-Ray	4 Diagnostic X-Ray	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
5 Diagnostic Lab	5 Diagnostic Lab	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
6 Radiation Therapy	6 Radiation Therapy	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
7 Anesthesia	7 Anesthesia	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
8 Surgical Assistance	8 Surgical Assistance	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
10 Blood Charges	10 Blood Charges	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service

270 – Information Requested	271 – Response Based on Request	
EQ01 – Service Type Code	EB03 – Service Type Code	Liability Summary
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
20 Second Surgical Opinion	20 Second Surgical Opinion	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
23 Diagnostic Dental	23 Diagnostic Dental	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
24 Periodontics	24 Periodontics	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
25 Restorative	25 Restorative	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
26 Endodontics	26 Endodontics	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
27 Maxillofacial Prosthetics	27 Maxillofacial Prosthetics	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
30 Health Benefit Plan Coverage	1 Medical Care 48 Hospital – Inpatient 50 Hospital – Outpatient 52 Hospital – Emergency Medical 98 Professional (Physician) Visit – Office A7 Psychiatric – Inpatient A8 Psychiatric – Outpatient MSG01 = ‘Specialist’ MSG01 = ‘Urgent’	Co-Insurance, Deductible, Co-pay
33 Chiropractic	4 Diagnostic X-ray 33 Chiropractic	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
34 Chiropractic Office Visits	34 Chiropractic Office Visits	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
35 Dental Care	35 Dental Care	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
36 Dental Crowns	36 Dental Crowns	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
38 Orthodontics	38 Orthodontics	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
39 Prosthodontics	39 Prosthodontics	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
40 Oral Surgery	40 Oral Surgery	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
41 Routine (Preventive) Dental	41 Routine (Preventive) Dental	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit – Home	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
44 Home Health Visits	44 Home Health Visits	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
45 Hospice	45 Hospice	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service

270 – Information Requested	271 – Response Based on Request	
EQ01 – Service Type Code	EB03 – Service Type Code	Liability Summary
47 Hospital	47 Hospital** 48 Hospital – Inpatient 50 Hospital Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 99 Professional (Physician) Visit – Inpatient A0 Professional (Physician) Visit – Outpatient	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service *** For this code, only Active/Inactive Required
48 Hospital – Inpatient	48 Hospital – Inpatient 99 Professional (Physician) Visit – Inpatient	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
50 Hospital – Outpatient	50 Hospital – Outpatient*** 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical A0 Professional (Physician) Visit – Outpatient	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service *** For this code, only Active/Inactive Required
51 Hospital – Emergency Accident	51 Hospital – Emergency Accident	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
52 Hospital – Emergency Medical	52 Hospital – Emergency Medical	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
53 Hospital – Ambulatory Surgical	53 Hospital – Ambulatory Surgical	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
60 General Benefits	60 General Benefits	Active/Inactive Only
61 In-vitro Fertilization	61 In-vitro Fertilization	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
62 MRI/CAT Scan	62 MRI/CAT Scan	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
65 Newborn Care	65 Newborn Care	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
68 Well Baby Care	68 Well Baby Care*** 80 Immunizations BH Pediatric	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service *** For this code, only Active/Inactive Required
69 Maternity	69 Maternity	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
73 Diagnostic Medical	4 Diagnostic X-Ray*** 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service *** For this code, only Active/Inactive Required
76 Dialysis	76 Dialysis	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
78 Chemotherapy	78 Chemotherapy	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
80 Immunizations	80 Immunizations	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
81 Routine Physical	81 Routine Physical	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service

270 – Information Requested	271 – Response Based on Request	
EQ01 – Service Type Code	EB03 – Service Type Code	Liability Summary
82 Family Planning	82 Family Planning	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
83 Infertility	61 In-vitro Fertilization 83 Infertility	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
84 Abortion	84 Abortion	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
86 Emergency Services	51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 86 Emergency Services*** 98 Professional (Physician) Visit – Office	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service *** For this code, only Active/Inactive Required
88 Pharmacy	88 Pharmacy	Co-Insurance, Deductible, Co-pay
93 Podiatry	93 Podiatry	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
98 Professional (Physician) Visit – Office	98 Professional (Physician) Visit – Office	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
99 Professional (Physician) Visit – Inpatient	99 Professional (Physician) Visit – Inpatient	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
A0 Professional (Physician) Visit – Outpatient	A0 Professional (Physician) Visit – Outpatient	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
A3 Professional (Physician) Visit – Home	A3 Professional (Physician) Visit – Home	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
A6 Psychotherapy	A6 Psychotherapy	Active/Inactive
A7 Psychiatric – Inpatient	A6 Psychotherapy*** A7 Psychiatric – Inpatient	Active/Inactive
A8 Psychiatric – Outpatient	A6 Psychotherapy*** A8 Psychiatric – Outpatient	Active/Inactive
AD Occupational Therapy	AD Occupational Therapy	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
AE Physical Medicine	AE Physical Medicine	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
AF Speech Therapy	AF Speech Therapy	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
AG Skilled Nursing Care	AG Skilled Nursing Care	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
AI Substance Abuse	AI Substance Abuse	Active/Inactive
AL Vision (Optometry)	AL Vision (Optometry)	Active/Inactive
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service
BH Pediatric	BH Pediatric	Co-Insurance, Deductible, Co-pay, Benefit Limits, Place of Service

Blue Cross and Blue Shield of Kansas City, Inc.
Service Type Codes Used by BCBSKC for 270/271 Transactions

Last Updated April 2, 2007

A request for information should always be as specific as possible. In some cases, a Service Type Code, usually requesting general information, will generate several EB03 segments. It is recommended that the requester provide a more specific Service Type Code to keep the response appropriate to the need. For example: A provider wanting to know if an office visit is covered would do better to use the Service Type Code 98 (Professional Physician Visit – Office), than to submit a Service Type Code 1 (Medical Care), which would also provide information on hospitalization, emergency services, and psychiatric services as well as other services, making it difficult for the provider to find the needed information.

Note: Any valid Service Type Code not found on this list will be responded to with a Service Type Code 30 (Health Benefit Plan Coverage).

270 – Information Requested	271 – Response Based on Request
EQ01 – Service Type Code	EB03 – Service Type Code
1 Medical Care	1 Medical Care (Active/Inactive only) 48 Hospital – Inpatient 50 Hospital – Outpatient 52 Hospital – Emergency Medical 98 Professional (Physician) Visit – Office A7 Psychiatric – Inpatient A8 Psychiatric – Outpatient MSG01 = ‘Specialist’ MSG01 = ‘Urgent’
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion
4 Diagnostic X-Ray	4 Diagnostic X-Ray
5 Diagnostic Lab	5 Diagnostic Lab
6 Radiation Therapy	6 Radiation Therapy
7 Anesthesia	7 Anesthesia
8 Surgical Assistance	8 Surgical Assistance
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental
20 Second Surgical Opinion	20 Second Surgical Opinion
30 Health Benefit Plan Coverage	48 Hospital – Inpatient 50 Hospital – Outpatient 52 Hospital – Emergency Medical 98 Professional (Physician) Visit – Office A7 Psychiatric – Inpatient A8 Psychiatric – Outpatient MSG01 = ‘Specialist’ MSG01 = ‘Urgent’
33 Chiropractic	4 Diagnostic X-ray 33 Chiropractic
35 Dental Care	35 Dental Care (Active/Inactive only)

270 – Information Requested	271 – Response Based on Request
EQ01 – Service Type Code	EB03 – Service Type Code
40 Oral Surgery	40 Oral Surgery
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit – Home
45 Hospice	45 Hospice
47 Hospital	47 Hospital (Active/Inactive only) 48 Hospital – Inpatient 50 Hospital Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 99 Professional (Physician) Visit – Inpatient A0 Professional (Physician) Visit – Outpatient
48 Hospital – Inpatient	48 Hospital – Inpatient 99 Professional (Physician) Visit – Inpatient
50 Hospital – Outpatient	50 Hospital – Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical A0 Professional (Physician) Visit – Outpatient
51 Hospital – Emergency Accident	51 Hospital – Emergency Accident
52 Hospital – Emergency Medical	52 Hospital – Emergency Medical
53 Hospital – Ambulatory Surgical	53 Hospital – Ambulatory Surgical
60 General Benefits	60 General Benefits (Active/Inactive only)
61 In-vitro Fertilization	61 In-vitro Fertilization
62 MRI/CAT Scan	62 MRI/CAT Scan
65 Newborn Care	65 Newborn Care
68 Well Baby Care	68 Well Baby Care 80 Immunizations BH Pediatric
69 Maternity	69 Maternity
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical
76 Dialysis	76 Dialysis
78 Chemotherapy	78 Chemotherapy
80 Immunizations	80 Immunizations
81 Routine Physical	81 Routine Physical
82 Family Planning	82 Family Planning
83 Infertility	61 In-vitro Fertilization 83 Infertility
84 Abortion	84 Abortion
86 Emergency Services	51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 86 Emergency Services 98 Professional (Physician) Visit – Office
88 Pharmacy	88 Pharmacy (Active/Inactive only)
93 Podiatry	93 Podiatry
98 Professional (Physician) Visit – Office	98 Professional (Physician) Visit – Office
99 Professional (Physician) Visit – Inpatient	99 Professional (Physician) Visit – Inpatient
A0 Professional (Physician) Visit – Outpatient	A0 Professional (Physician) Visit – Outpatient
A3 Professional (Physician) Visit – Home	A3 Professional (Physician) Visit – Home

270 – Information Requested	271 – Response Based on Request
EQ01 – Service Type Code	EB03 – Service Type Code
A6 Psychotherapy	A6 Psychotherapy
A7 Psychiatric – Inpatient	A6 Psychotherapy A7 Psychiatric – Inpatient
A8 Psychiatric – Outpatient	A6 Psychotherapy A8 Psychiatric – Outpatient
AD Occupational Therapy	AD Occupational Therapy
AE Physical Medicine	AE Physical Medicine
AF Speech Therapy	AF Speech Therapy
AG Skilled Nursing Care	AG Skilled Nursing Care
AI Substance Abuse	AI Substance Abuse
AL Vision (Optometry)	AL Vision (Optometry) (Active/Inactive only)
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation
BH Pediatric	BH Pediatric

**Blue Cross and Blue Shield of Kansas, Inc.
Reject Errors for Real Time 270/271 Transactions**

Description	Level	AAA03 Code
BHT 03 (Reference ID) is Empty	2100B	15
TimeOut - Unable to Respond	2000A	42
Invalid Provider ID Error Check	2100B	43
Provider Ineligible for Inquiries	2100B	50
Dependent DTP Error Check	2100D	56
Invalid/Missing Date of Birth	2100D	58
Date of Service Not Within Allowable Inquiry Parameters	2100C	62
Dependent Invalid/Missing Patient ID	2100D	64
Invalid/Missing Patient Name	2100D	65
Dependent Patient Not Found	2100D	67
Sub Invalid Sub/Insured ID Error Check	2100C	72
Invalid/Missing Sub Name	2100C	73
Sub/Insured ID Not Found	2100C	75
Invalid Payer ID Error Check	2100A	T4