Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide – Real Time Transactions

Refers to the Implementation Guides Based on ASC X12 version 005010 for:

- 270/271 Health Care Eligibility Benefit Inquiry and Response (005010X279A1)
- 276/277 Health Care Claim Status Request and Response (005010X212)

April 2024

Disclosure Statement

This companion document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a trading partner of health care transactions with BCBSM. All instructions were written as known at the time of publication and are subject to change.

Blue Cross Blue Shield of Michigan maintains **bcbsm.com.** Blue Cross does not control any other websites referenced in this publication or endorse their general content.

IMPORTANT

Beginning September 1, 2023, all real time electronic data exchange services will transition to BCBSM's clearinghouse partner, Availity®[1]. This information applies to eligibility and benefit, and claim status inquiries and responses for the following BCBSM and Blue Care Network health plans:

- Blue Cross commercial, including the Federal Employee Program®
- Medicare Plus Blue, the Blue Cross Medicare Advantage PPO plan
- Blue Care Network commercial
- BCN Advantage, the BCN Medicare Advantage HMO and POS plans
- Blue Cross Complete, the Blue Cross Medicaid plan

BCBSM will no longer accept eligibility and benefit inquiries for:

- Medicare (non-Blue)
- Medicaid (non-Blue)

To learn more on getting ready with Availity, go to www.availity.com/bcbsm-edi.

[1] *Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.*

Preface

The Health Insurance Portability and Accountability Act-Administration Simplification (HIPAA-AS) requires BCBSM and all other covered entities to comply with the electronic data interchange standards for health care as established by the Department of Health and Human Services. The ASC X12N Technical Reports Type 3 (TR3), also referred to as the ASC X12N Implementation Guides, have been established as the standard for electronic health care transactions and are available for purchase at https://x12.org/products/licensing-program[2].

[2] *BCBSM does not control this website or endorse its general content.*

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right-hand page.

Table of Contents

CONTENTS

INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Blue Cross Blue Shield of Michigan has something additional, over and above, the information in the IGs. That information can:

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

The following table example specifies the columns used by BCBSM for the detailed description:

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

SCOPE/OVERVIEW

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Blue Cross Blue Shield of Michigan and Blue Care Network. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

REFERENCES

To purchase any or all of the HIPAA mandated 005010 ASC X12N TR3s, visit X12's website: https://x12.org/products/licensing-program**.**

ADDITIONAL INFORMATION

GENERAL EDI TERMINOLOGY

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

Addenda – Refers to a version of the HIPAA mandated transaction sets that corrects identified implementation issues noted in the original TR3/Implementation Guide.

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

ASC X12N/005010X279A1 – The Type 1 Errata modifications mandated for use with the ASC X12N/005010X279 270/271 Eligibility Benefit and Inquiry and Response transaction format.

ASC X12N/005010X212– The HIPAA mandated (ANSI) ASC X12N 276/277 Health Care Claim Status Request and Response transaction format.

BCBSM or FEP Supplemental – BCBSM or FEP is being billed as the secondary payer and the primary payer is original Medicare or any type of Medicare Advantage plan.

BCBSA – An acronym for Blue Cross Blue Shield Association

BCC – An acronym for Blue Cross Complete of Michigan, a Medicaid managed care plan

BCN – An acronym for Blue Care Network

BlueCard – a BCBSA program which supports processing of out-of-area claims. The program enables members to obtain healthcare services while traveling or living in another Plan's service area and take advantage of local provider networks and savings. BlueCard claims are submitted to the local Blue Plan in the state where services were performed.

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

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

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

Data Element – Corresponds to a field in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are defined in Appendices B of the TR3.

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

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

EDI – An acronym for Electronic Data Interchange.

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

FEP – Federal Employee Program

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

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

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

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

Medicare Beneficiary Identifier (MBI) – an eleven-character alpha numeric identification number issued by the Center for Medicare Services, which replaces the Medicare Health Insurance Claim Number (HICN).

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

Out of pocket – Patient liability.

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

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

Technical Reports Type 3 (TR3s) – X12 copyrighted Implementation Guide documents that standardize data structure requirements and content for a specific electronic business exchange. Information regarding the purchase of these Implementation Guides is available at https://x12.org/products/licensing-program**.**

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

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

X12N – An Accredited Standards Committee commissioned by the American National Standards Institute to develop standards for Electronic Data Interchange. While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry. There is a special health care business task group within the X12N subcommittee responsible for the development of business requirements defined in the health care insurance TR3s/Implementation Guides.

GETTING STARTED

WORKING WITH BLUE CROSS BLUE SHIELD OF MICHIGAN

Appropriate steps must be taken before you can submit production 270 Eligibility and Benefit Inquiry, and 276 Health Care Claim Status Request transactions, or receive 271 Eligibility and Benefit, and 277 Health Care Claim Status responses. BCBSM requires:

FOR PROVIDERS:

- Providers must be registered with BCBSM's Provider Enrollment and Data Management department.
    - To register, call Blue Cross Provider Enrollment and Data Management at 1-800-822-2761.
- All providers who submit transactions through Availity must have a registered Availity account.
    - If you're new to Availity, go to availity.com** and click Register.
- If applicable, work with your vendor to ensure software is configured to send and receive transactions via Availity using FTP.
    - Reference *Availity's EDI Companion Guide*[3] for FTP specifications.
- If applicable, work with your vendor to ensure that real time and batch files generated by the software include proper Availity Sender and Receiver information.

FOR BILLING SERVICES, SOFTWARE VENDORS OR CLEARINGHOUSES:

- Register directly with Availity.
- Review Availity's EDI Companion Guide and EDI Connectivity Guide. Contact Availity with questions.

[3] *While Blue Cross Blue Shield of Michigan and Blue Care Network recommend this website and we're responsible for its Blue Cross and BCN-specific content, we don't own or control this website.*

TRADING PARTNER REGISTRATION

- BCBSM and BCN do not require completion of a BCBSM Trading Partner Agreement or Provider Authorization for batch transactions.
- To exchange electronic real time transactions with BCBSM and BCN, trading partners must be registered with Availity. If you're new to Availity, go to availity.com** and click Register.

The steps below are required for all Trading Partners, whether you will be submitting via Batch/sFTP or Real-Time/SOAP XML

Getting Started

REGISTER FOR YOUR AVAILITY ESSENTIALS ACCOUNT IF YOU DO NOT ALREADY HAVE ONE.

Register your organization here. Once your account is approved, you will be assigned your Availity Customer ID. Availity offers SOAP Web Service, and REST API Connectivity Options. Each Connectivity Option is outlined below.

SOAP WEB SERVICE API

Real-time, ANSI x12 5010
Transactions: 270/1, 276/7

1. **A signed Master Trading Partner Agreement is needed to access SOAP WS. Please request the agreement from partnermanagement@availity.com.** Once the Master Trading Partner Agreement is signed, your Trading Partner Manager will upgrade your account to Premium, granting Production access for all transactions and payers.

2. Please request SOAP WS/B2B Guide from your Trading Partner Manager.

3. Clients can register for testing credentials by following these steps:

Please use this link for registering for the QA test environment:

https://qa-www.availity.com/provider-portal-registration

   a. Once the registration is complete, please send your Trading Partner Manager your Application ID for approval.

4. The user will receive a secure email containing their credentials that can be utilized to log into the QA Availity Web Portal

Availity QA Web Portal URL to login: https://qa-apps.availity.com/availity/common/login.jsp

5. Once QA Test Credentials are obtained, please inform your Trading Partner Manager if you will be needing assistance from an Availity Implementation Analyst while testing. Once testing is successful, the Implementation Analyst will assist with moving your account into Production

RESTFUL API

Real-Time, JSON

Transactions: 270/1, 276/7
To begin Rest API Testing, please go to Availity's Developer Portal ((developer.availity.com/partner/) and create a free, Availity Developer Account.

a. Then log in and go to > API Products > Healthcare HIPAA Transactions > Subscribe to the Demo (sandbox) for Testing.

There's documentation on the Developer Portal to assist with each API (www.developer.availity.com/partner/documentation)

i. Eligibility & Benefits (270/1) = Coverages API on Developer Portal

ii. Claims Status (276/7) = Claim Status API on Developer Portal

2. **A signed Master Trading Partner Agreement is needed for Production access. Please request the agreement from the Trading Partner Management Team. Once the Agreement has been executed your Trading Partner Manager will upgrade your account to Premium, granting Production access for all transactions and payers.**

For Production access, go back to Developer Portal (developer.availity.com/partner/)

3.) API Products > Healthcare HIPAA Transactions > Subscribe to the "Standard" for production.
   a. Once subscribed, provide "Client ID" to your Trading Partner Manager (string of #s and letters)
   b. Your Trading Partner Manager will submit a case to activate your API Key, and you will receive confirmation email once ready.

If you need Availity account assistance or support, please call Availity Client Services at 1.800.282.4548 or submit a Support Case within the Availity Portal. If you need to submit via SOAP or REST, please contact partnermanagement@availity.com.

CERTIFICATION AND TESTING OVERVIEW

BCBSM and BCN do not require certification or testing for real time transactions. Contact Availity if you'd like to conduct testing or have questions.

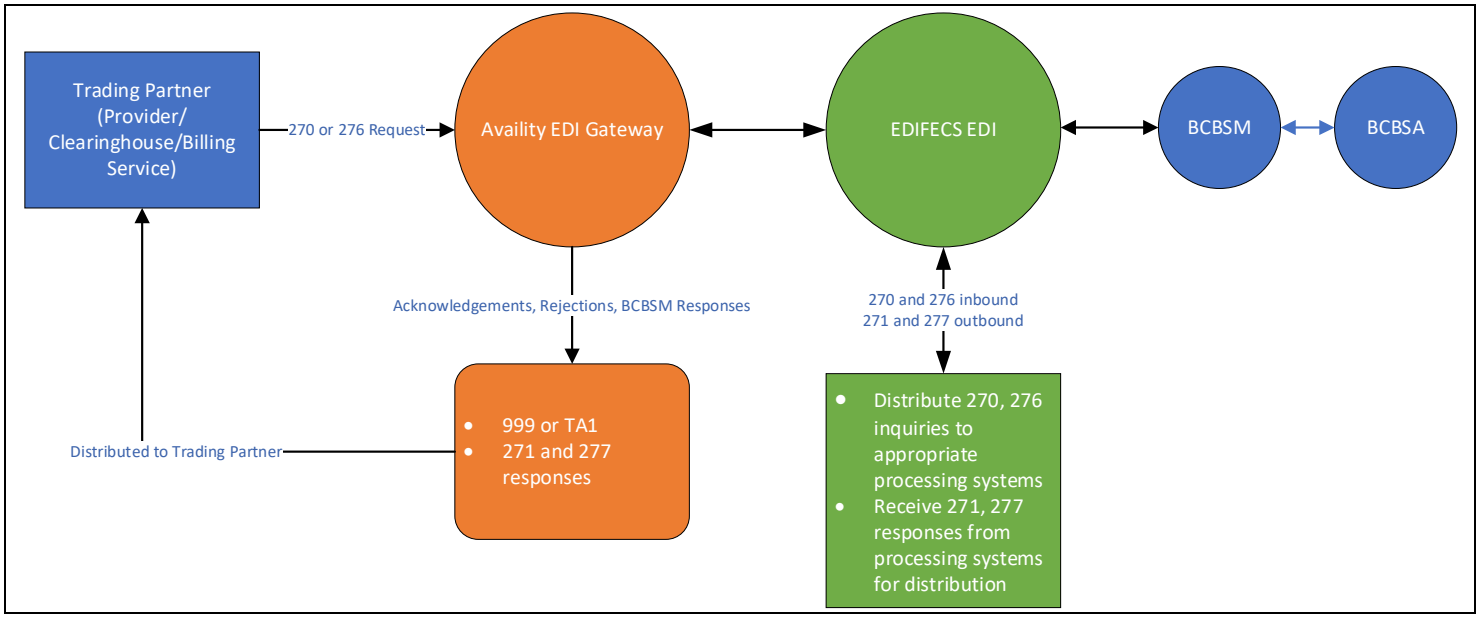
CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

For information regarding transmission administrative procedures, re-transmission procedures, communication protocols/specification and passwords:

- Review Availity's EDI Connection Guide.
- Contact Availity: Visit Availity.com or contact Availity Client Services at 1-800-AVAILITY (282-4548).

PROCESS FLOWS

270/271 and 276/277 FLOW



CONTACT INFORMATION

EDI CUSTOMER SERVICE

- Contact Availity: Visit Availity.com or contact Availity Client Services at 1-800-AVAILITY (282-4548).

EDI TECHNICAL ASSISTANCE

- Contact Availity: Visit Availity.com or contact Availity Client Services at 1-800-AVAILITY (282-4548).

PROVIDER SERVICE NUMBERS

- BCBSM Provider Enrollment and Data Management department
  - 1-800-822-2761
- BCBSM Provider Inquiry department and Provider Consultants
  - Visit For Providers: Contact us | BCBSM
- Visit Availity.com or contact Availity Client Services at 1-800-AVAILITY (282-4548)

APPLICABLE WEBSITES

- For Providers: EDI paperless | BCBSM
- Availity.com

FEDERAL EMPLOYEE PROGRAM INFORMATION

- Patient benefits, eligibility and claims: Call 1-800-840-4505

CONTROL SEGMENTS/ENVELOPES ISA-IEA

Loop	Field	Field Description	270/271 Transactions	276/277 Transactions
Header	ISA05	Sender ID Qualifier	ZZ	ZZ
Header	ISA06	Sender ID	AV09311993<+5 spaces>	AV09311993<+5 spaces>
Header	ISA07	Receiver ID Qualifier	01	01
Header	ISA08	Receiver	030240928<+6 spaces>	030240928<+6 spaces>
Header	GS02	Application Sender Code	AV01101957 or assigned vendor ID	AV01101957 or assigned vendor ID
Header	GS03	Application Receiver Code	030240928	030240928
2100A	NM109	Payer ID	00710P (professional) 00210I (institutional) 00710D (dental)	00710P (professional) 00210I (institutional) 00710D (dental)

For additional information, review Availity's Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Refer to each transaction specific section of this guide for rules and limitations.

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

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

ACKNOWLEDGEMENTS AND/OR REPORTS

For additional information, review Availity's Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)

- 999 Acknowledgement: Availity notifies you when it receives the transmission file and notes whether it had X12 or HIPAA syntax errors.

TRADING PARTNER AGREEMENTS

TRADING PARTNERS

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

BCBSM does not require Trading Partner Agreements or Provider Authorizations.

All BCBSM Trading Partners must be registered with Availity.

A signed Master Trading Partner Agreement is needed to access SOAP WS. Please request the agreement from partnermanagement@availity.com. Once the Master Trading Partner Agreement is signed, your Trading Partner Manager will upgrade your account to Premium, granting Production access for all transactions and payers.

TRANSACTION SPECIFIC INFORMATION - 270/271 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE

PAYER SPECIFIC RULES AND LIMITATIONS: 270/271

Reporting Instruction Clarification - ASC X12N/005010X279A1 – 270/271

Search Options

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

BCBSM also supports the following member search option:

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

Maximums/Limitations

Please note the following maximums or limitations:

- BCBSM does not support the 270 transaction request for a procedure code/diagnosis code. If this type of request is received BCBSM will treat it is as a generic request (submission of Service Type code “30”).
- BCBSM does not support requests which contain multiple Service Types (EQ01repetitive data element or multiple EQ segments). If this type of request is received, BCBSM will return the first supported service type submitted and include a message (MSG01) indicating “PLEASE RE-SUBMIT WITH ONE SERVICE TYPE PER TRANSACTION”.
- Data must be transmitted in a continuous string (wrapped) for proper processing of the inbound transaction.
- AAA15 will be returned when the member has multiple active groups and the group number is not reported on the 270 request. Resubmit 270 request with applicable group number in a REF segment.

Rejected Transactions/Acknowledgments

Transactions that contain an unauthorized submitter identification number, invalid submitter/provider combinations, or are found to be HIPAA non-compliant will result in the return of a TA1 transaction(s) or 999 transaction(s). The TA1 transaction and 999 transaction specify the reason for rejection via error code(s). The error code definitions for both the ASC X12C TA1 transaction and the 999 transaction are found in the ASC X12C/005010X231 999 TR3 available for purchase at https://x12.org/products/licensing-program.

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

Disclaimers within the Transactions

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

- Each transaction should contain only one Eligibility or Benefit Inquiry (EQ) segment and can be reported for either the subscriber or a dependent.

Note: For Blue Cross Complete a Medicaid beneficiary is always the subscriber and therefore only Loop 2100C data elements are used in the identification of the member/beneficiary.

- The 271 eligibility response is based on information obtained from the payer's membership records at the time of the inquiry and is not to be considered a guarantee of payment.
- BlueExchange 270 eligibility requests and 271 responses are limited to the processing functionality of the Blue Cross Blue Shield Association (BCBSA) Home plan.
- BlueExchange real time 270 transactions routed to a BCBSA Home plan that processes eligibility in a batch environment will result in an interim real-time 271 response followed by a final 271 response which will be returned as a batch transaction.

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

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

ASC X12N/005010X279A1 – 270 Transaction

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

270 Loop	270 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100A	NM108	Use 'PI' on all 270 eligibility requests.	Identification Code Qualifier	71
2100A	NM109	Report one of the following payer identification numbers to indicate the type of inquiry being submitted: **Institutional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue:** Report 00210I **Professional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue:** Report 00710P **Dental:** Report 00710D Use the above values for in-state as well as BlueExchange inquiries.	Information Source Primary Identifier	71
2100B	NM101	BCBSM recommends reporting 1P (Provider)	Entity Identification Code	75
2100B	NM108	Report 'XX' (National Provider Identifier [NPI]) unless the provider is exempt from NPI (Atypical provider). Atypical providers are to report 'SV' (Service Provider Number) and the provider identification code assigned by BCBSM.	Identification Code Qualifier	77
2100C	NM108	Use 'MI' on all 270 eligibility requests.	Identification Code Qualifier	95

270 Loop	270 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100C	NM109	**If the 2100C NM109 (Member ID) is not available, report the member's social security number in either 2100C REF*SY (subscriber) or 2100D REF*SY (dependent) in order to facilitate member matching capabilities. 270 Eligibility requests submitted without a 2100C NM109 data element or the member's social security number will result in a 271 response that contains a 2100C AAA segment.** **BCBSM**: Report the contract number of the subscriber in loop 2100C excluding punctuation and spaces. **BCBSM** validation of prefix occurs when entered on the request transaction. The member ID can continue to be entered without the prefix. An incorrect prefix entered on the request transaction will be validated and a corrected prefix will be returned on the response transaction. **Note:** Out of area inquiries require the submission of the prefix for proper routing. **Blue Care Network[4]:** BCN members will not be included in the validation of the prefix as this is not required for processing of BCN transactions. **FEP:** Member ID must begin with an "R". **Medicare Advantage/Medicare Plus Blue:** Report the assigned contract number. It is recommended that the prefix be included as part of the contract number. **BCC:** Report the assigned Medicaid ten-digit beneficiary identification number or the BCC assigned Member ID.	Identification Code	96
2100C	REF01	If the Member ID or contract number is not known, the subscriber's Social Security Number (SSN) can be reported using qualifier 'SY' in REF01 and their social security number in REF02. **270 Eligibility requests submitted without a 2100C NM109 data element or the member's social security number will result in a 271 response that contains the applicable AAA segment.**	Reference Identifier Qualifier	98
2100C	DTP01	Use '291' (Plan) on all 270 eligibility inquiries.	Date/Time Qualifier	123

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

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

ASC X12N/005010X279A1 – 271 Transaction

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

See *Appendix B) Service Type Code Response Index* for additional information.

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100A	NM108	'PI' will be returned on all 271 eligibility responses	Identification Code Qualifier	220
2100A	NM109	The following payer identification numbers will be returned (based on inquiry submitted): **Institutional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue:** 00210I **Professional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue:** 00710P **Dental:** 00710D	Information Source Primary Identifier	220
2100A	AAA03	Response will contain 42 (Unable to Respond at Current Time) when the processing system is unavailable or a response is not returned.	Reject Reason Code	227
2100B	NM101	'1P' (Provider) will be returned.	Entity Identification Code	232
2100B	AAA03	**BCBSM, FEP, BCN, BCN Advantage, Medicare Advantage/Medicare Plus Blue, BCC:** When applicable, one of the following will be returned: 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification 44 - Invalid/Missing Provider Name 51 - Provider Not on File 97 - Invalid or Missing Provider Address	Reject Reason Code	239
2100C	NM108	'MI' will be returned on all 271 eligibility responses.	Identification Code Qualifier	251
2100C	NM109	**BCBSM, BCN, BCN Advantage, Medicare Advantage/Medicare Plus Blue, BCC**: The subscriber contract number, including prefix. **FEP:** Subscriber contract number	Identification Code	252
2100C	REF01	When applicable, one of the following will be returned: 6P – Group number Q4 – Prior Identifier Number EJ – Patient Account Number (when submitted on the 270)	Reference Identification Qualifier	254

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100C	AAA03	When applicable, one of the following will be returned: 15 – Required application data missing 42 – Unable to Respond at Current Time 58 – Invalid/Missing Date-of-Birth 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not Within Allowable Inquiry Period 63 – Date of Service in Future 71 – Patient Birth Date Does Not Match That for the Patient on the Database 72 – Invalid/Missing Subscriber/Insured ID 73 – Invalid/Missing Subscriber/Insured Name 74 – Invalid/Missing Subscriber/Insured Gender Code 76 – Duplicate Subscriber/Insured ID Number 78 – Subscriber/Insured Not in Group/Plan Identified	Reject Reason Code	263
2100C	DTP01	'291' will be returned	Date/Time Qualifier	283
2110C	DTP01	290 – Coordination of Benefits When this value is present, the date in DTP03 represents either the receipt date of the letter of inquiry (LOI) or the coordination of benefits (COB) effective date for the payer reported in this loop. If this value is not present, there is no known COB coverage.	Date/Time Qualifier	317

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

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

271 Loop	271 Segment/ Element	Instruction	Industry/Data Element Name	TR3 Page #
2100D	AAA03	When applicable, one of the following will be returned: 15 - Required application data missing 42 - Unable to Respond at Current Time 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID 73 - Invalid/Missing Subscriber/Insured Name 74 - Invalid/Missing Subscriber/Insured Gender Code 76 - Duplicate Subscriber/Insured ID Number 78 - Subscriber/Insured Not in Group/Plan Identified	Reject Reason Code	366
2100D	DTP01	'291' will be returned	Date/Time Qualifier	387
2110D	DTP01	290 – Coordination of Benefits When this value is present, the date in DTP03 represents either the receipt date of the letter of inquiry (LOI) or the coordination of benefits (COB) effective date for the payer reported in this loop. If this value is not present, there is no known COB coverage.	Date/Time Qualifier	420

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

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

TRANSACTION SPECIFIC INFORMATION - 276/277 HEALTH CARE CLAIM STATUS REQUEST AND RESPONSE TRANSACTION

ASC X12N/005010X212 – 276/277 TRANSACTION DATA CLARIFICATIONS

The 005010X212 version of the ANSI ASC X12N 276/277 transactions was selected as the format to meet HIPAA requirements for electronic submission of claim status requests and responses. They were designed so that inquiry submitters (information receiver) can determine:

- If an information source organization (e.g., payer) has a claim on file for a particular subscriber or dependent.
- The status of the claim on file for a particular subscriber or dependent.

PAYER SPECIFIC RULES AND LIMITATIONS: 276/277

MAXIMUMS/LIMITATIONS

Please note the following maximums or limitations:

- Submit the 276 transaction as a continuous string to assure proper processing.
- Report one status response for one subscriber or one dependent per 276 submission.
- BCBSM, FEP, BCN, BCN Advantage, BCC, and Medicare Advantage/Medicare Plus Blue - Responses will be returned for one claim status inquiry.
- BCBSM claim status responses only provide the status of claims that were accepted within 2 years of the present date.
- Size limitation is 32K.
- Claim Status is not available for pharmacy related claims.

REJECTED TRANSACTIONS/ACKNOWLEDGMENTS

Transactions that contain an unauthorized submitter identification number, invalid submitter/provider combinations, or are found to be HIPAA non-compliant will result in the return of a TA1 transaction(s) or 999 transaction(s). The TA1 transaction and 999 transaction specify the reason for rejection via error code(s). The error code definitions for both the ASC X12C TA1 transaction and the 999 transaction are found in the ASC X12C/005010X231 999 TR3 and the adopted Type 1 Errata (005010X231A1). If the 276 request transaction is accepted for processing, and a data processing error or a system processing error is encountered, the returned 277 response will specify the applicable error via the 2200D or 2200E STC segment.

BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION

The ANSI ASC X12N 276 transaction is used to request the current status of a specified claim(s). The paired 277 transaction provides the response to the health care claim status request. The following provide the BCBSM 276/277 usage and guidelines:

Published 2023 Last revised: 4/15/2024.

- BCBSM accepts and responds to ANSI ASCX12N/005010X212 276/277 transactions for BCBSM, FEP, BCN, BCN Advantage, BCC, and Medicare Advantage/Medicare Plus Blue claims.
- The 276/277 transaction set can be used to obtain claim status for the following lines of business: professional, institutional, vision, hearing and dental.
- Minimally, BCBSM will use the following elements as search criteria on status requests:
  - Payer ID
  - Provider ID
  - Contract Number (must include the three-position prefix followed by the contract number)
  - Claim service period date range
  - Patient Last Name
  - Patient First Name
  - Patient Date of Birth
- Claim status transactions can be submitted for status of claim(s) from all other Blue Cross and/or Blue Shield plans. These transactions are routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange. BlueExchange responses can be returned at either the claim or service level and content will vary by home plan.

ASC X12N/005010X212 – 276 Transaction

There are data elements within the ASC X12N 005010X212 276/277 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information needed by BCBSM in order to process the ASC X12N/005010X212 276 Health Care Claim Status Request Transaction. This information should be used in conjunction with the ASCX12N/005010X212 – 276/277 TR3.

276 Loop	276 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2100A	NM108	Use qualifier 'PI'	Identification Code Qualifier	42
2100A	NM109	Report one of the following payer ID's as applicable: **Professional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue**: 00710P **Institutional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue**: 00210I **BCBSM Dental**: 00710D Note: Use the above identifiers for in-state as well as BlueExchange inquiries.	Payer Identifier	42
2100C	NM1	BCBSM recognizes the first iteration of this loop as the billing provider.	Service Provider Name	49
2100C	NM108	Report "XX"	Identification Code Qualifier	51
2100D	NM108	Report "MI"	Identification Code Qualifier	57
2100D	NM109	**BCBSM, BCN, BCN Advantage, BCC, and Medicare Advantage/Medicare Plus Blue**: Report the three leading prefix characters followed by the nine-digit contract number. If the prefix is not known, report the nine-digit contract number. **BlueExchange**: When the member is covered by another BCBS plan, report the prefix followed by the contract number. **FEP**: Report R followed by eight numeric digits.	Subscriber Identifier	57
2200D	REF01	When the patient is the subscriber and the applicable payer's claim number is known, report '1K'. Refer to 2200D REF02.	Reference Identification Qualifier	59
2200D	REF02	**BCBSM, FEP, BCN, BCN Advantage, BCC and Medicare Advantage/Medicare Plus Blue**: If available, report the document number/internal control number assigned to the claim. **BlueExchange**: If available, report the SCCF number assigned to the Blue Card claim. Otherwise, report the document number if available.	Reference Identification Number	59

276 Loop	276 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2200E	REF01	When patient is a dependent and the applicable payer's claim number is known, report '1K'. Refer to 2200E REF02.	Reference Identification Qualifier	82
2200E	REF02	**BCBSM, FEP, BCN, BCN Advantage, BCC and Medicare Advantage/Medicare Plus Blue**: If available, report the document number/internal control number assigned to the claim. **BlueExchange**: If available, report the SCCF number assigned to the Blue Card claim. Otherwise, report the document number if available.	Reference Identification Number	82

ASC X12N/005010X212 – 277 Transaction

There are data elements within the ASC X12N/005010X212 276/277 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information BCBSM will return within the ASC X12N/005010X212-277 Health Care Claim Status Response Transaction. This information should be used in conjunction with the 276277276/277ASCX12N/005010X212 – 276/277 TR3.

277 Loop	277 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2100A	NM108	Qualifier 'PI' will be reported.	Identification Code Qualifier	112
2100A	NM109	One of the following payer ID's will be returned as applicable: **Professional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue**: 00710P **Institutional BCBSM, FEP, BCN, BCN Advantage, BCC, Medicare Advantage/Medicare Plus Blue**: 00210I **BCBSM Dental**: 00710D Note: Use the above identifiers for in-state as well as BlueExchange inquiries.	Payer Identifier	112
2100C	NM108	Qualifier "XX" will be returned	Identification Code Qualifier	128
2100D	NM108	Qualifier "MI" will be returned	Identification Code Qualifier	136

277 Loop	277 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2200D & 2200E	STC01-1, STC01-2 & STC01-3	Applicable Claim Status information will be reported for claims accepted for processing (pended, paid, denied). The following responses will be returned when a 276 data error or an internal BCBSM or affiliated system process error occurs: A Claim Status Category Code of E0, a Claim Status Code of 164 and an Entity Identifier of IL will be returned when the contract number was missing on the inbound 276. A Claim Status Category Code of E0 and a Claim Status Code of 187 will be returned when the service date was missing on the inbound 276. A Claim Status Category Code of E0 and a Claim Status Code of 33 will be returned when the subscriber is not found. A Claim Status Category Code of E0, a Claim Status Code of 97, and an Entity Identifier of G0 will be returned when the patient is not found. A Claim Status Category Code of E0, a Claim Status Code of 25, and an Entity Identifier of 1P will be returned when a request is received from a provider other than that which originated the claim. A Claim Status Category Code of E0, a Claim Status Code of 562 and an Entity Identifier of 1P will be returned when the transaction receives an NPI error. A Claim Status Category Code of D0 and a Claim Status Code of 485 will be returned when the transaction size exceeds 32,000 bytes. A Claim Status Category Code of A4 and a Claim Status Code of 35 will be returned when no claims are found. A Claim Status Category Code of E1 and a Claim Status Code of 0 or 484 will be returned when BCBSM is experiencing system errors. A Claim Status Category Code of E2 and a Claim Status Code of 0 will be returned when BCBSM receives a time-out or other system error.	Health Care Claim Status Category Code, Health Care Claim Status Code and Entity Identifier	138 (2200D) 178 (2200E)

APPENDICES

A) Implementation Checklist

- Register With Availity
- Review the GETTING STARTED section of this companion guide.
- Review Availity's Documentation
  - Availity Health Information Network EDI Connection Guide
  - Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide
- Contact Availity
  - Visit Availity.com or contact Availity Client Services at 1-800-AVAILITY (282-4548)
  - If you need Availity account assistance or support, please call Availity Client Services at 1.800.282.4548 or submit a Support Case within the Availity Portal. If you need to submit via SOAP or REST, please contact partnermanagement@availity.com.

B) Service Type Code Response Index – BCBSM Responses

The BCBSM Responses table outlines the content of a BCBSM[5] 271 eligibility response (returned EB03 service type code(s) and liability summary) based on the submitted 270 eligibility request (EQ01 service type code).

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

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

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

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
1 Medical Care	1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits ***For these codes, return Active/Non-Covered only.
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
3 Consultation	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
4 Diagnostic X-Ray	4 Diagnostic X-Ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
5 Diagnostic Lab	5 Diagnostic Lab	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
6 Radiation Therapy	6 Radiation Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
7 Anesthesia	7 Anesthesia	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
8 Surgical Assistance	8 Surgical Assistance	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
9 Other Medical	*Baseline*	*Baseline*
10 Blood Charges	*Baseline*	*Baseline*
11 Used Durable Medical Equipment	*Baseline*	*Baseline*
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
14 Renal Supplies in the Home	*Baseline*	*Baseline*
15 Alternate Method Dialysis	*Baseline*	*Baseline*
16 Chronic Renal Disease (CRD) Equipment	*Baseline*	*Baseline*
17 Pre-Admission Testing	*Baseline*	*Baseline*
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
19 Pneumonia Vaccine	*Baseline*	*Baseline*

Published 2023 Last revised: 4/15/2024.

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
20 Second Surgical Opinion	20 Second Surgical Opinion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
21 Third Surgical Opinion	*Baseline*	*Baseline*
22 Social Work	*Baseline*	*Baseline*
23 Diagnostic Dental	*Baseline*	*Baseline*
24 Periodontics	*Baseline*	*Baseline*
25 Restorative	*Baseline*	*Baseline*
26 Endodontic	*Baseline*	*Baseline*
27 Maxillofacial Prosthetics	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
28 Adjunctive Dental Services	*Baseline*	*Baseline*
30 Health Benefit Plan Coverage	1 Medical Care*** 33 Chiropractic 35 Dental Care**** 47 Hospital 48 Hospital Inpatient 50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 Emergency Services 88 Pharmacy**** 98 Professional Visit Office: Physician 98 Professional (Physician) Visit - Office MSG01="SPECIALIST"AL Vision/Optometry**** BZ Professional Visit Office: WellMH Mental Health*** UC Urgent Care	Co-insurance, Deductible, Co-pay, Accumulated Benefits, Benefit Limits, Place of Service **Returning ADDITIONAL SERV TYPES ARE PROHIBITED** ***For these codes return Active Only, Do not return Liability. Omit if non-covered **** For these codes return Active at a minimum. Omit if non-covered
32 Plan Waiting Period	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
34 Chiropractic Office Visits	*Baseline*	*Baseline*
35 Dental Care	35 Dental Care	Active/ Inactive (at Minimum)
36 Dental Crowns	*Baseline*	*Baseline*
37 Dental Accident	*Baseline*	*Baseline*
38 Orthodontics	*Baseline*	*Baseline*
39 Prosthodontics	*Baseline*	*Baseline*

Published 2023 Last revised: 4/15/2024.

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
40 Oral Surgery	40 Oral Surgery	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
41 Routine (Preventive) Dental	*Baseline*	*Baseline*
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
43 Home Health Prescriptions	*Baseline*	*Baseline*
44 Home Health Visits	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
45 Hospice	45 Hospice	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
46 Respite Care	*Baseline*	*Baseline*
47 Hospital	47 Hospital 51 Hospital - Emergency Accident 52 - Hospital - Emergency Medical 53 - Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
49 Hospital - Room and Board	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
54 Long Term Care	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
55 Major Medical	*Baseline*	*Baseline*
56 Medically Related Transportation	*Baseline*	*Baseline*
57 Air Transportation	*Baseline*	*Baseline*
58 Cabulance	*Baseline*	*Baseline*
59 Licensed Ambulance	*Baseline*	*Baseline*
60 General Benefits	60 General Benefits	Active/Non-Covered only
61 In-vitro Fertilization	61 In-vitro Fertilization	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
62 MRI/CAT Scan	62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
63 Donor Procedures	*Baseline*	*Baseline*
64 Acupuncture	*Baseline*	*Baseline*
65 Newborn Care	65 Newborn Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
66 Pathology	*Baseline*	*Baseline*
67 Smoking Cessation	*Baseline*	*Baseline*
68 Well Baby Care	68 Well Baby Care 80 - Immunizations BH - Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
69 Maternity	69 Maternity	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
70 Transplants	*Baseline*	*Baseline*
71 Audiology Exam	*Baseline*	*Baseline*
72 Inhalation Therapy	*Baseline*	*Baseline*
73 Diagnostic Medical	73 Diagnostic Medical 4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
74 Private Duty Nursing	*Baseline*	*Baseline*

Published 2023 Last revised: 4/15/2024.

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
75 Prosthetic Device	*Baseline*	*Baseline*
76 Dialysis	76 Dialysis	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
77 Otological Exam	*Baseline*	*Baseline*
78 Chemotherapy	78 Chemotherapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
79 Allergy Testing	*Baseline*	*Baseline*
80 Immunizations	80 Immunizations	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

Published 2023 Last revised: 4/15/2024.

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
81 Routine Physical	81 Routine Physical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
82 Family Planning	82 Family Planning	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
83 Infertility	83 Infertility 61 In-vitro Fertilization	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
84 Abortion	84 Abortion	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
85 AIDS	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
86 Emergency Services	86 Emergency Services 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 98 Professional (Physician) Visit - Office	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
87 Cancer	*Baseline*	*Baseline*
88 Pharmacy	88 Pharmacy	Active/ Inactive (at Minimum)
89 Free Standing Prescription Drug	*Baseline*	*Baseline*
90 Mail Order Prescription Drug	*Baseline*	*Baseline*
91 Brand Name Prescription Drug	*Baseline*	*Baseline*
92 Generic Prescription Drug	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
93 Podiatry	93 Podiatry	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
94 Podiatry - Office Visits	*Baseline*	*Baseline*
95 Podiatry - Nursing Home Visits	*Baseline*	*Baseline*
96 Professional (Physician)	*Baseline*	*Baseline*
97 Anesthesiologist	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
98 Professional (Physician) Visit - Office	98 - Professional (Physician) Visit Office BZ - Professional Visit Office: Well 98 - Professional (Physician) Visit - Office with MSG01 = 'SPECIALIST'	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
A1 Professional (Physician) Visit - Nursing Home	*Baseline*	*Baseline*
A2 Professional (Physician) Visit - Skilled Nursing Facility	*Baseline*	*Baseline*
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
A4 Psychiatric	*Baseline*	*Baseline*
A5 Psychiatric - Room and Board	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
A6 Psychotherapy	A6 Psychotherapy***	*** For these codes, return Active/Non-Covered at a minimum
A7 Psychiatric - Inpatient	A7 Psychiatric - Inpatient***	***For these codes, return Active/Non-Covered at a minimum
A8 Psychiatric - Outpatient	A8 Psychiatric - Outpatient***	***For these codes, return Active/Non-Covered at a minimum
A9 Rehabilitation	*Baseline*	*Baseline*
AA Rehabilitation - Room and Board	*Baseline*	*Baseline*
AB Rehabilitation - Inpatient	*Baseline*	*Baseline*
AC Rehabilitation - Outpatient	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AD Occupational Therapy	AD Occupational Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AE Physical Medicine	AE Physical Medicine	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service, Accumulated Benefits
AF Speech Therapy	AF Speech Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
AG Skilled Nursing Care	AG Skilled Nursing Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AH Skilled Nursing Care - Room and Board	*Baseline*	*Baseline*
AI Substance Abuse	AI Substance Abuse	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
AJ Alcoholism	*Baseline*	*Baseline*
AK Drug Addiction	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
AL Vision (Optometry)	AL Vision (Optometry)	Active/ Inactive (at Minimum)
AM Frames	*Baseline*	*Baseline*
AN Routine Exam	*Baseline*	*Baseline*
AO Lenses	*Baseline*	*Baseline*
AQ Nonmedically Necessary Physical	*Baseline*	*Baseline*
AR Experimental Drug Therapy	*Baseline*	*Baseline*
BA Independent Medical Evaluation	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BB Partial Hospitalization (Psychiatric)	*Baseline*	*Baseline*
BC Day Care (Psychiatric)	*Baseline*	*Baseline*
BD Cognitive Therapy	*Baseline*	*Baseline*
BE Massage Therapy	*Baseline*	*Baseline*
BF Pulmonary Rehabilitation	*Baseline*	*Baseline*
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BH Pediatric	BH Pediatric	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service Accumulated Benefits
BI Nursery	*Baseline*	*Baseline*
BJ Skin	*Baseline*	*Baseline*
BK Orthopedic	*Baseline*	*Baseline*
BL Cardiac	*Baseline*	*Baseline*
BM Lymphatic	*Baseline*	*Baseline*

Published 2023 Last revised: 4/15/2024.

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
BN Gastrointestinal	*Baseline*	*Baseline*
BP Endocrine	*Baseline*	*Baseline*
BQ Neurology	*Baseline*	*Baseline*
BR Eye	*Baseline*	*Baseline*
BS Invasive Procedures	*Baseline*	*Baseline*
B1 Burn Care	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
B2 Brand Name Prescription Drug – Formulary	*Baseline*	*Baseline*
B3 Brand Name Prescription Drug – Non Formulary	*Baseline*	*Baseline*
BT Gynecological	BT Gynecological	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BU Obstetrical	BU Obstetrical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits *** For this code, only return Active/Non-Covered

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
BW Mail Order Prescription Drug: Brand Name	*Baseline*	*Baseline*
BX Mail Order Prescription Drug: Generic	*Baseline*	*Baseline*
BY Physician Visit – Office: Sick	BY Physician Visit – Office: Sick	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
BZ Physician Visit – Office: Well	BZ Physician Visit – Office: Well	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
C1 Coronary Care	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
CA Private Duty Nursing – Inpatient	*Baseline*	*Baseline*
CB Private Duty Nursing – Home	*Baseline*	*Baseline*
CC Surgical Benefits – Professional (Physician)	*Baseline*	*Baseline*
CD Surgical Benefits – Facility	*Baseline*	*Baseline*
CE MH Provider – Inpatient	CE MH Provider – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Benefit Limits, Place of Service, Accumulated Benefits

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
CF MH Provider – Outpatient	CF MH Provider – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CG MH Provider Facility – Inpatient	CG MH Provider Facility – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CH MH Provider Facility – Outpatient	CH MH Provider Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CI Substance Abuse Facility – Inpatient	CI Substance Abuse Facility – Inpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
CJ Substance Abuse Facility – Outpatient	CJ Substance Abuse Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CK Screening X-ray	CK Screening X-ray	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CL Screening Laboratory	CL Screening Laboratory	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CM Mammogram, HR Patient	CM Mammogram, HR Patient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
CN Mammogram, LR Patient	CN Mammogram, LR Patient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CO Flu Vaccination	CO Flu Vaccination	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulated Benefits
CP Eye Wear and Eye Wear Associates	*Baseline*	*Baseline*
CQ Case Management	*Baseline*	*Baseline*
DG Dermatology	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
DM Durable Medical Equipment	DM Durable Medical Equipment *** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators *** For this code, only return Active/Non-Covered
DS Diabetic Supplies	*Baseline*	*Baseline*
GF Generic Prescription Drug – Formulary	*Baseline*	*Baseline*
GN Generic Prescription Drug – Non-Formulary	*Baseline*	*Baseline*
GY Allergy	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
IC Intensive Care	*Baseline*	*Baseline*
MH Mental Health	MH Mental Health*** CE MH Provider – Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators *** For this code, only return Active/Non-Covered
NI Neonatal Intensive Care	*Baseline*	*Baseline*
ON Oncology	*Baseline*	*Baseline*

270	**271**
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	**EB03 Service Type(s) Response**	**Liability Summary**
PT Physical Therapy	PT Physical Therapy	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service, Accumulators
PU Pulmonary	*Baseline*	*Baseline*
RN Renal	*Baseline*	*Baseline*
RT Residential Psychiatric Treatment	*Baseline*	*Baseline*
TC Transitional Care	*Baseline*	*Baseline*
TN Transitional Nursery Care	*Baseline*	*Baseline*

270	271
Provider Requests	**Provider Receives** **• Home Licensee Response** **• Host Must Display (at minimum)**

EQ01 Service Type Request	EB03 Service Type(s) Response	Liability Summary
UC Urgent Care	**UC** Urgent Care	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service Accumulators

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

C) Frequently Asked Questions

- Will Availity EDI or Blue Cross EDI help register providers with Blue Cross and BCN health plans?
  - No. To register with Blue Cross and BCN health plans, call Blue Cross Provider Enrollment and Data Management at 1-800-822-2761.

- Who do I contact if I have issues with Availity EDI?
  - For questions, assistance and support during and after the transition, contact Availity Client Services.
  - Note: For all issues, ensure you note the agent's name and ticket number for any follow-up.
  - Submit an online support ticket. Log in to availity.com** and navigate to Help & Training > Availity Support.
  - Call 1-800-AVAILITY (282-4548)
  - Availity Client Services can assist with questions regarding trading partner setup, EDI edits, acknowledgement/edit reports, whether your claims file got sent to Blue Cross or BCN, and help you locate your 835 ERA. If Availity cannot resolve your issue, they will open a ticket with Blue Cross EDI.

- I have questions about registering with Availity.
  - Contact 1-800-AVAILITY (282-4548).

- To learn more on getting ready with Availity, go to www.availity.com/bcbsm-edi.

D) Change Summary

This section describes the differences between the current Companion Guide and previous guide(s)

The table below summarizes the changes to this companion document.

Section	Description of Change	Page	Date
Payer Specific Business Rules And Limitations	Added Connectivity	14	April 2024
Entire document	Revised document header – changed from 'Batch' to 'Real Time'	All	Nov 2023
CONTROL SEGMENTS/ENVELOPES ISA-IEA	Revised table – changed last row Loop from '2010BB' to '2100A'	14	Nov 2023
Entire document	Published new Real Time Transaction companion guide		Sept 2023