

Blue Cross Blue Shield of Michigan HIPAA EDI Companion Document

American National Standards Institute (ANSI) ASC X12N 270/271 (005010X279A1)

Health Care Eligibility Benefit Inquiry and Response

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Introduction

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

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

This companion document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a trading partner of health care transactions with BCBSM. It is incorporated by reference in the EDI Trading Partner Agreement. All instructions were written as known at the time of publication and are subject to change. Changes will be communicated in future letters and on the BCBSM web site: www.bcbsm.com.

Getting Started

Appropriate steps must be taken before submitting production 005010X279A1-270/271 transactions, such as completion of an EDI Trading Partner Agreement, testing, and demographic confirmation with our customer support staff. To begin this process, receive more information or ask questions, please contact the EDI Help Desk at 1-800-542-0945.

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).

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 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 treat it as a generic request 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.

Rejected Transactions

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

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

Telecommunication Options

A direct-line connection with BCBSM is required, using MQ Series.

Telecommunication method supported:

- **MQ Series** (commercial messaging software)

Note: All delayed BlueExchange responses will be returned based on your registered batch connection with BCBSM.

System Availability

- Monday through Saturday: 7:00 a.m. – 1:00 a.m. *EST*
- Sunday and Holidays: 7:00 a.m. – 6:00 p.m. *EST*

Disclaimers within the Transactions

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

- Each transaction should contain only one Eligibility or Benefit Inquiry (EQ) segment and can be reported for either the subscriber or a dependent.
Note: A Medicaid beneficiary is always the subscriber and therefore only Loop 2100C data elements are used in the identification of the member/beneficiary.
- The 271 eligibility response is based on information obtained from the payer's membership records at the time of the inquiry and is not to be considered a guarantee of payment.
- BlueExchange 270 eligibility requests and 271 responses are limited to the processing functionality of the Blue Cross Blue Shield Association (BCBSA) Home plan.
- BlueExchange real time 270 transactions routed to a BCBSA Home plan that processes eligibility in a batch environment will result in an interim real-time 271 response followed by a final 271 response which will be returned as a batch transaction.

The following is a disclaimer that will be returned in MSG segment on responses processed by BCBSM (excluding Michigan Medicaid):
UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Character Set Requirement

The following character set guidelines must be followed to avoid file rejections. Only characters identified below can be reported within any data field. **Alphabetic characters within all transactions must be submitted in upper-case characters.**

A...Z	0...9	!	“	&	,	()	+
'	-	.	/	;	?	=	@	Space

Data Clarification - ASC X12N/005010X279A1 – 270/271 Transaction

270 and 271 Interchange Envelope and Functional Group Structure

Transaction Set	Element	Instruction	TR3 Pg #
Eligibility Benefit Inquiry 270	ISA05 – Interchange ID Qualifier	Report ZZ	C.4
Eligibility Benefit Inquiry 270	ISA06 – Interchange Sender ID	Professional: Report the EDI-assigned Billing Location Code of the submitter. Institutional & Dental: Report the Federal Tax ID of the submitter. Must be registered with BCBSM EDI.	C.5
Eligibility Benefit Inquiry 270	ISA07 – Interchange ID Qualifier	Report ZZ	C.5
Eligibility Benefit Inquiry 270	ISA08 – Interchange Receiver ID	Report 382069753	C.5
Eligibility Benefit Inquiry 270	ISA15 – Usage Indicator	Report “P” for production	C.6
Eligibility Benefit Inquiry 270	GS02 – Application Sender’s Code	Professional: Report the EDI-assigned Billing Location Code of the submitter. Institutional & Dental: Report the Federal Tax ID of the submitter. Must be registered with BCBSM EDI.	C.7
Eligibility Benefit Inquiry 270	GS03 – Application Receiver’s Code	Report 382069753	C.7
Eligibility Benefit Response 271	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI	C.4
Eligibility Benefit Response 271	ISA06 – Interchange Sender ID	382069753 will be returned from EDI	C.5
Eligibility Benefit Response 271	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI	C.5
Eligibility Benefit Response 271	ISA08 – Interchange Receiver ID	Professional: The EDI-assigned Billing Location Code of the receiver will be returned. Institutional & Dental: The Federal Tax ID of the receiver will be returned. Must be registered with BCBSM EDI.	C.5

Transaction Set	Element	Instruction	TR3 Pg #
Eligibility Benefit Response 271	ISA15 – Usage Indicator	Report “P” for production	C.6
Eligibility Benefit Response 271	GS02 – Application Sender’s Code	382069753 will be returned	C.7
Eligibility Benefit Response 271	GS03 – Application Receiver’s Code	The value reported on the corresponding 270 will be returned from EDI	C.7

ASC X12N/005010X279A1 – 270 Transaction

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

270 Loop	270 Segment/Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100A	NM108	Use ‘PI’ on all 270 eligibility requests.	Identification Code Qualifier	71
2100A	NM109	Report one of the following payer identification numbers to indicate the type of inquiry being submitted: Institutional: Report 00210I Professional: Report 00710P Dental: Report 00710D Vision: Report 00710V Hearing: Report 00710H Use the above values for in-state as well as BlueExchange inquiries. Medicaid: Report D00111 FEP: Report 00710W	Information Source Primary Identifier	71
2100B	NM101	BCBSM recommends to report 1P (Provider)	Entity Identification Code	75
2100B	NM108	Report ‘XX’ (National Provider Identifier [NPI]) unless the provider is exempt from NPI (Atypical provider). Atypical providers are to report ‘SV’ (Service Provider Number) and the provider identification code assigned by BCBSM.	Identification Code Qualifier	77
2100B	PRV03	The Provider Specialty Code from the Health Care Provider Taxonomy code list associated with the NPI submitted in 2100B, NM109 will be referenced in situations where the provider may have an NPI that has multiple BCBSM legacy Provider Id’s or where the legacy Provider Id has multiple NPI’s.	Reference Identification	85
2100C	NM108	Use ‘MI’ on all 270 eligibility requests.	Identification Code Qualifier	95

270 Loop	270 Segment/Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2100C	NM109	<p>The 2100C NM109 (Member ID) is situational but must be present in order to facilitate member matching capabilities. 270 Eligibility requests submitted without a 2100C NM109 data element will result in a 271 response that contains a 2100C AAA segment.</p> <p>BCBSM: Report the contract number of the subscriber in loop 2100C excluding punctuation and spaces. BCBSM validation of alpha prefix occurs when entered on the request transaction. The member ID can continue to be entered without the alpha prefix. An incorrect alpha prefix entered on the request transaction will be validated and a corrected alpha prefix will be returned on the response transaction.</p> <p>Note: Out of area inquiries require the submission of the alpha prefix for proper routing</p> <p>Blue Care Network: BCN members will not be included in the validation of the alpha prefix as this is not required for processing of BCN transactions.</p> <p>FEP: Member ID must begin with an "R".</p> <p>Medicare Plus Blue: Report the assigned contract number. It is recommended that the alpha prefix be included as part of the contract number.</p> <p>Medicaid: Report the MDCH assigned ten-digit beneficiary identification number or the MICHild assigned CIN.</p>	Identification Code	96
2100C	DTP01	Use '291' (Plan) on all 270 eligibility inquiries.	Date/Time Qualifier	123
2100C	DTP03	Medicaid: Date or date range can be a minimum of one year prior or up to the last day of the current month. MDCH currently does not enable the reporting of eligibility information for dates greater than one year or beyond the last day of the current month.	Date/Time Period	123

270 Loop	270 Segment/Element	Instruction	Industry/ Data Element Name	TR3 Pg #
2110C	EQ01	BCBSM/BCN/BlueExchange/FEP/Medicare Advantage: BCBSM recommends 270 transactions contain a single Service Type Code. 270 transactions submitted with multiple Service Type Codes (EQ01repetitive data element or multiple EQ segments) will result in a generic (Service Type Code 30) eligibility 271 response. Medicaid: For all inquiry types, MDCH recommends using value “30” (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 response containing EB segments applicable to the beneficiaries MDCH program/waiver coverage.	Service Type Code	125
2100D	DTP01	Use ‘291’ (Plan) on all 270 eligibility inquiries.	Date/Time Qualifier	180
2110D	EQ01	BCBSM/BCN/BlueExchange/FEP: BCBSM recommends 270 transactions contain a single Service Type Code. 270 transactions submitted with multiple Service Type Codes (EQ01repetitive service type code data element or multiple EQ segments) will only result in a generic (Service Type Code 30) eligibility 271 response.	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.

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2100A	NM108	‘PI’ will be returned on all 271 eligibility responses	Identification Code Qualifier	220
2100A	NM109	The following payer identification numbers will be returned (based on inquiry submitted): Institutional: Report 00210I Professional: Report 00710P Dental: Report 00710D Vision: Report 00710V Hearing: Report 00710H Medicaid: Report D00111 FEP: Report 00710W	Information Source Primary Identifier	220
2100A	PER02	Medicaid: Contains “DHS OFFICE” when PER04 contains the DHS Office telephone number	Name	222

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2100A	PER03	Medicaid: TE - Telephone (DHS Office).	Communication Number Qualifier	222
2100A	PER04	Medicaid: The corresponding DHS Office telephone number will be returned.	Communication Number	223
2100A	AAA03	Response will contain 42 (Unable to Respond at Current Time) when the processing system is unavailable or a response is not returned.	Reject Reason Code	227
2100B	NM101	'1P' (Provider) will be returned	Entity Identification Code	232
2100B	AAA03	BCBSM/BCN/Medicare Plus Blue: When applicable, one of the following will be returned: 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification 44 - Invalid/Missing Provider Name 51 - Provider Not on File 97 - Invalid or Missing Provider Address Medicaid: One of the following reject reason codes will be returned when applicable: 50 – Provider ineligible for request 51 – Provider not on file	Reject Reason Code	239
2100C	NM108	'MI' will be returned on all 271 eligibility responses.	Identification Code Qualifier	251
2100C	NM109	BCBSM/Blue Care Network/Medicare Plus Blue: The subscriber contract number, including alpha-prefix FEP: Subscriber contract number Medicaid: The MDCH assigned ten-digit beneficiary identification number or the MICHild assigned CIN.	Identification Code	252
2100C	REF01	BCBSM/BCN/Medicare Plus Blue: When applicable, one of the following will be returned: 6P – Group number Q4 – Prior Identifier Number EJ – Patient Account Number (when submitted on the 270) Medicaid: When applicable, one of the following will be returned: 3H – Case Number EJ – Patient Account Number (when submitted on the 270) SY – Social Security Number	Reference Identification Qualifier	254
2100C	REF03	Medicaid: When REF01 = '3H', REF03 reports the beneficiary's 11-digit DHS Worker Load Number followed by a space and the descriptive term "Worker Load Number."	Description	256

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2100C	AAA03	<p>BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned:</p> <ul style="list-style-type: none"> 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 <p>Medicaid: When applicable, one of the following reject reason codes will be returned:</p> <ul style="list-style-type: none"> 58 – Invalid/Missing Date of Birth 60 – Date of Birth Follows Date(s) of Service 61 – Date of Death Precedes Date(s) of Service 62 – Date of Service Not Within Allowable Inquiry Period 76 – Duplicate Subscriber/Insured ID Number 	Reject Reason Code	263
2100C	DTP01	'291' will be returned	Date/Time Qualifier	283

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2110C	EB01	The following values are supported and will be returned as applicable: 1 - Active Coverage 6 - Inactive 8 - Inactive - Pending Investigation (this value is only supported by Medicaid) A - Co-Insurance B - Co-Payment C - Deductible D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered M - Pre-existing Condition MC - Managed Care Coordinator P - Benefit Disclaimer R - Other or Additional Payer U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process	Subscriber Eligibility or Benefit Information	289
2110C	EB03	BCBSM/BCN/FEP/Medicare: Refer to Appendices. Medicaid: Please refer to the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. www.michigan.gov/documents/270_64222_7.271DataClarificationV1.0_051403.pdf	Service Type Code	293
2110C	EB04	BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned: IN - Indemnity (Traditional) PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) SP - Supplemental	Insurance Type Code	298

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2110C	EB05	<p>BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, will specify the specific Plan Name.</p> <p>Medicaid: Communicates the beneficiary’s MDCH program name; further information can be found in the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. www.michigan.gov/documents/270_64222_7.271DataClarificationV1.0_051403.pdf</p>	Plan Coverage Description	299
2120C	NM101	<p>BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned: 13 - Contracted Service Provider 1P - Provider FA - Facility IL - Insured or Subscriber P3 - Primary Care Provider PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer X3 - Utilization Management Organization</p>	Entity Identifier Code	330
2120C	AAA03	<p>BCBSM/BCN/Medicare Plus Blue: When applicable, one of the following will be returned: 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID</p>	Reject Reason Code	320
2100D	REF01	<p>BCBSM/BCN/Medicare Plus Blue: When applicable, one of the following will be returned: 6P – Group number Q4 – Prior Identifier Number EJ – Patient Account Number (when submitted on the 270)</p> <p>Medicaid: When applicable, one of the following will be returned: 3H – Case Number EJ – Patient Account Number (when submitted on the 270) SY – Social Security Number</p>	Reference Identification Qualifier	357

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2100D	AAA03	<p>BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned:</p> <ul style="list-style-type: none"> 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	EB01	<p>The following values are supported and will be returned as applicable:</p> <ul style="list-style-type: none"> 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

271 Loop	271 Segment/Element	Instruction	Industry/Data Element Name	TR3 Page #
2110D	EB03	BCBSM/BCN/FEP/Medicare Plus Blue: Refer to Appendices	Service Type Code	397
2110D	EB04	BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned: IN - Indemnity (Traditional) PR – Preferred Provider Organization (PPO) PS – Point of Service (POS) SP - Supplemental	Insurance Type Code	402
2110D	EB05	BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, will specify the specific Plan Name.	Plan Coverage Description	403
2120D	NM101	BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned: 13 - Contracted Service Provider 1P - Provider FA - Facility IL - Insured or Subscriber P3 - Primary Care Provider PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer X3 - Utilization Management Organization	Entity Identifier Code	433
2120D	AAA03	BCBSM/BCN/FEP/Medicare Plus Blue: When applicable, one of the following will be returned: 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID	Reject Reason Code	423

General EDI Terminology

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

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

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

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

BCBSA – An acronym for Blue Cross Blue Shield Association

BCN – An acronym for Blue Care Network

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 and routed to the home plan 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:

Nn	Numeric (with an assumed number of decimal positions)
R	Decimal Real Number (including decimal or negative sign)
ID	Identifier
AN	Alphanumeric string
DT	Date
TM	Time

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

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

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

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

Out of Area – Refer to BlueExchange EDI Terminology.

Out-of-pocket – Patient liability.

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

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

Technical Reports Type 3 (TR3s) – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA TR3s on their web site: www.wpc-edi.com.

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

Translation Software – Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.

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

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

Appendix A – Service Type Code Response Index

Appendix A – BCBSM Responses

The Appendix A-BCBSM Responses table outlines the content of a BCBSM¹ 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	
<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
Baseline EB03 Service Type Codes Response	Baseline Liability Summary
<ul style="list-style-type: none"> 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/Optomety*** BY Professional Visit Office: Sick BZ Professional Visit Office: Well MH Mental Health*** UC Urgent Care 	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket. <p style="color: red; margin-top: 10px;">***Only Active/Inactive</p>

¹ BCBSM represents Local, FEP, and Medicare Blue Plus active member contracts. Please refer to Appendix B for BCN.

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
1 Medical Care	1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 73 Diagnostics Medical*** 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket. ***Only Active/Inactive
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
3 Consultation	3 Consultation	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations.
4 Diagnostic X-Ray	4 Diagnostic X-Ray	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service

Appendix A - BCBSM Responses		
270	271	
Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
5 Diagnostic Lab	5 Diagnostic Lab	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
6 Radiation Therapy	6 Radiation Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
7 Anesthesia	7 Anesthesia	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
8 Surgical Assistance	8 Surgical Assistance	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
9 Other Medical	Baseline	<ul style="list-style-type: none"> • Baseline
10 Blood Charges	10 Blood Charges	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
11 Used Durable Medical Equipment	11 Used Durable Medical Equipment	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
14 Renal Supplies in the Home	Baseline	<ul style="list-style-type: none"> • Baseline
15 Alternate Method Dialysis	Baseline	<ul style="list-style-type: none"> • Baseline
16 Chronic Renal Disease (CRD) Equipment	Baseline	<ul style="list-style-type: none"> • Baseline
17 Pre-Admission Testing	Baseline	<ul style="list-style-type: none"> • Baseline
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
19 Pneumonia Vaccine	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
20 Second Surgical Opinion	20 Second Surgical Opinion	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
21 Third Surgical Opinion	21 Third Surgical Opinion	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
22 Social Work	Baseline	<ul style="list-style-type: none"> • Baseline
23 Diagnostic Dental	23 Diagnostic Dental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
24 Periodontics	Baseline	<ul style="list-style-type: none"> • Baseline
25 Restorative	25 Restorative	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
26 Endodontics	26 Endodontics	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
27 Maxillofacial Prosthetics	Baseline	• Baseline
28 Adjunctive Dental Services	Baseline	• Baseline
30 Health Benefit Plan Coverage	Baseline	• Baseline
32 Plan Waiting Period	32 Plan Waiting Period	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
34 Chiropractic Office Visits	34 Chiropractic Office Visits	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
35 Dental Care	35 Dental Care***	*** Only Active/Inactive Required
36 Dental Crowns	36 Dental Crowns	Co-insurance, Deductible, Co-pay, Benefit Limits, Place of service (when applicable) Beginning 12/20/08, we will additionally return both the static and accumulated amounts for deductible, out of pocket and benefit limitations.
37 Dental Accident	Baseline	• Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
38 Orthodontics	38 Orthodontics	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
39 Prosthodontics	39 Prosthodontics	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
40 Oral Surgery	40 Oral Surgery	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
41 Routine (Preventive) Dental	41 Routine (Preventive) Dental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
43 Home Health Prescriptions	43 Home Health Prescriptions	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
44 Home Health Visits	44 Home Health Visits	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
45 Hospice	45 Hospice	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
46 Respite Care	46 Respite Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
47 Hospital	47 Hospital*** 48 Hospital – Inpatient 50 Hospital Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 53 Hospital – Ambulatory Surgical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>*** Only Active/Inactive Required</p>

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
49 Hospital - Room and Board	49 Hospital - Room and Board	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
54 Long Term Care	Baseline	<ul style="list-style-type: none"> • Baseline
55 Major Medical	55 Major Medical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
56 Medically Related Transportation	Baseline	<ul style="list-style-type: none"> • Baseline
57 Air Transportation	57 Air Transportation	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
58 Cabulance	Baseline	<ul style="list-style-type: none"> • Baseline
59 Licensed Ambulance	59 Licensed Ambulance	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
60 General Benefits	60 General Benefits***	*** Only Active/Inactive

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
61 In-vitro Fertilization	61 In-vitro Fertilization****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>****Sensitive benefit; Static amounts</p>
62 MRI/CAT Scan	62 MRI/CAT Scan	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
63 Donor Procedures	Baseline	<ul style="list-style-type: none"> • Baseline
64 Acupuncture	Baseline	<ul style="list-style-type: none"> • Baseline
65 Newborn Care	65 Newborn Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
66 Pathology	66 Pathology	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
67 Smoking Cessation	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
68 Well Baby Care	68 Well Baby Care*** 80 Immunizations BH Pediatric	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) ***Only Active/Inactive
69 Maternity	69 Maternity****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) ****Sensitive benefit; Static amounts only
70 Transplants	Baseline	<ul style="list-style-type: none"> • Baseline
71 Audiology Exam	71 Audiology Exam	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
72 Inhalation Therapy	Baseline	<ul style="list-style-type: none"> • Baseline
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) ***Only Active/Inactive

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
74 Private Duty Nursing	74 Private Duty Nursing	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
75 Prosthetic Device	75 Prosthetic Device	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
76 Dialysis	76 Dialysis	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
77 Otological Exam	Baseline	<ul style="list-style-type: none"> • Baseline
78 Chemotherapy	78 Chemotherapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
79 Allergy Testing	79 Allergy Testing	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
80 Immunizations	80 Immunizations	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
81 Routine Physical	81 Routine Physical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
82 Family Planning	82 Family Planning****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
83 Infertility	83 Infertility**** 61 In-vitro Fertilization****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
84 Abortion	84 Abortion****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
85 AIDS	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services*** 98 Professional (Physician) Visit – Office***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>***Only Active/Inactive</p>
87 Cancer	87 Cancer	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
88 Pharmacy	88 Pharmacy***	*** Only Active/Inactive
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
93 Podiatry	93 Podiatry	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
94 Podiatry - Office Visits	94 Podiatry - Office Visits	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
95 Podiatry - Nursing Home Visits	95 Podiatry - Nursing Home Visits	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
96 Professional (Physician)	Baseline	<ul style="list-style-type: none"> • Baseline
97 Anesthesiologist	97 Anesthesiologist	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
98 Professional (Physician) Visit - Office	98 Professional Visit Office: Physician*** BY Physician Visit - Office: Sick BZ Physician Visit - Office: Well	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>***Only Active/Inactive</p>
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
A1 Professional (Physician) Visit - Nursing Home	A1 Professional (Physician) Visit - Nursing Home	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A2 Professional (Physician) Visit - Skilled Nursing Facility	A2 Professional (Physician) Visit - Skilled Nursing Facility	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit – Home	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A4 Psychiatric	A4 Psychiatric****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
A5 Psychiatric - Room and Board	A5 Psychiatric - Room and Board****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
A6 Psychotherapy	A6 Psychotherapy****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
A7 Psychiatric - Inpatient	A6 Psychotherapy**** A7 Psychiatric - Inpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) ****Sensitive benefit; Static amounts only
A8 Psychiatric - Outpatient	A6 Psychotherapy**** A8 Psychiatric - Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) ****Sensitive benefit; Static amounts only
A9 Rehabilitation	Baseline	• Baseline
AA Rehabilitation - Room and Board	Baseline	• Baseline
AB Rehabilitation – Inpatient	Baseline	• Baseline
AC Rehabilitation - Outpatient	AC Rehabilitation – Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AD Occupational Therapy	AD Occupational Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AE Physical Medicine	AE Physical Medicine	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
AF Speech Therapy	AF Speech Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AG Skilled Nursing Care	AG Skilled Nursing Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AH Skilled Nursing Care - Room and Board	AH Skilled Nursing Care - Room and Board	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AI Substance Abuse	AI Substance Abuse****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
AJ Alcoholism	AJ Alcoholism	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AK Drug Addiction	AK Drug Addiction	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
AL Vision (Optometry)	AL Vision (Optometry)***	*** Only Active/Inactive
AM Frames	AM Frames	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AN Routine Exam	AN Routine Exam	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AO Lenses	AO Lenses	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AQ Nonmedically Necessary Physical	AQ Nonmedically Necessary Physical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AR Experimental Drug Therapy	Baseline	<ul style="list-style-type: none"> • Baseline
B1 Burn Care	Baseline	<ul style="list-style-type: none"> • Baseline
B2 Brand Name Prescription Drug – Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
B3 Brand Name Prescription Drug - Non-Formulary	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
BA Independent Medical Evaluation	Baseline	• Baseline
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	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
BH Pediatric	BH Pediatric	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
BI Nursery	BI Nursery	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
BJ Skin	Baseline	• Baseline
BK Orthopedic	Baseline	• Baseline
BL Cardiac	Baseline	• Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
BM Lymphatic	Baseline	• Baseline
BN Gastrointestinal	Baseline	• Baseline
BP Endocrine	Baseline	• Baseline
BQ Neurology	Baseline	• Baseline
BR Eye	Baseline	• Baseline
BS Invasive Procedures	Baseline	• Baseline
BT Gynecological	BT Gynecological	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket.
BU Obstetrical	BU Obstetrical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket.
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, and benefit limitations. <p>***Only Active/Inactive</p>
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	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
BZ Physician Visit - Office: Well	BZ Physician Visit - Office: Well	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
C1 Coronary Care	Baseline	<ul style="list-style-type: none"> • Baseline
CA Private Duty Nursing – Inpatient	Baseline	<ul style="list-style-type: none"> • Baseline
CB Private Duty Nursing - Home	Baseline	<ul style="list-style-type: none"> • Baseline
CC Surgical Benefits - Professional (Physician)	Baseline	<ul style="list-style-type: none"> • Baseline
CD Surgical Benefits – Facility	Baseline	<ul style="list-style-type: none"> • Baseline
CE Mental Health Provider - Inpatient	CE Mental Health Provider – Inpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CF Mental Health Provider - Outpatient	CF Mental Health Provider – Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CG Mental Health Facility - Inpatient	CG Mental Health Facility – Inpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
CH Mental Health Facility - Outpatient	CH Mental Health Facility – Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CI Substance Abuse Facility - Inpatient	CI Substance Abuse Facility – Inpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CJ Substance Abuse Facility - Outpatient	CJ Substance Abuse Facility – Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CK Screening X-ray	CK Screening X-ray	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CL Screening laboratory	CL Screening laboratory	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CM Mammogram, High Risk Patient	CM Mammogram, High Risk Patient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CN Mammogram, Low Risk Patient	CN Mammogram, Low Risk Patient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
CO Flu Vaccination	CO Flu Vaccination	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CP Eyewear and Eyewear Accessories	Baseline	<ul style="list-style-type: none"> • Baseline
CQ Case Management	Baseline	<ul style="list-style-type: none"> • Baseline
DG Dermatology	Baseline	<ul style="list-style-type: none"> • Baseline
DM Durable Medical Equipment	DM Durable Medical Equipment*** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket. • Place of Service (when applicable) ***Only Active/Inactive
DS Diabetic Supplies	Baseline	<ul style="list-style-type: none"> • Baseline
GF Generic Prescription Drug - Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
GN Generic Prescription Drug - Non-Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
GY Allergy	Baseline	<ul style="list-style-type: none"> • Baseline
IC Intensive Care	Baseline	<ul style="list-style-type: none"> • Baseline

Appendix A - BCBSM Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
MH Mental Health	MH Mental Health*** **** CE MH Provider – Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static and accumulated amounts for deductible and out of pocket. ***Only Active/Inactive ****Sensitive benefit
NI Neonatal Intensive Care	Baseline	<ul style="list-style-type: none"> • Baseline
ON Oncology	Baseline	<ul style="list-style-type: none"> • Baseline
PT Physical Therapy	PT Physical Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static and accumulated amounts for deductible and out of pocket. • Place of Service (when applicable)
PU Pulmonary	Baseline	<ul style="list-style-type: none"> • Baseline
RN Renal	Baseline	<ul style="list-style-type: none"> • Baseline
RT Residential Psychiatric Treatment	Baseline	<ul style="list-style-type: none"> • Baseline
TC Transitional Care	Baseline	<ul style="list-style-type: none"> • Baseline
TN Transitional Nursery Care	Baseline	<ul style="list-style-type: none"> • Baseline
UC Urgent Care	UC Urgent Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations

Appendix B – BCN Responses

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
1 Medical Care	1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 73 Diagnostics Medical*** 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket. ***Only Active/Inactive
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
3 Consultation	Baseline	<ul style="list-style-type: none"> • Baseline
4 Diagnostic X-Ray	4 Diagnostic X-Ray	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
5 Diagnostic Lab	5 Diagnostic Lab	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
6 Radiation Therapy	6 Radiation Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
7 Anesthesia	7 Anesthesia	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
8 Surgical Assistance	8 Surgical Assistance	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
9 Other Medical	Baseline	<ul style="list-style-type: none"> • Baseline
10 Blood Charges	Baseline	<ul style="list-style-type: none"> • Baseline
11 Used Durable Medical Equipment	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
14 Renal Supplies in the Home	Baseline	<ul style="list-style-type: none"> • Baseline
15 Alternate Method Dialysis	Baseline	<ul style="list-style-type: none"> • Baseline
16 Chronic Renal Disease (CRD) Equipment	Baseline	<ul style="list-style-type: none"> • Baseline
17 Pre-Admission Testing	Baseline	<ul style="list-style-type: none"> • Baseline
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service
19 Pneumonia Vaccine	Baseline	<ul style="list-style-type: none"> • Baseline
20 Second Surgical Opinion	20 Second Surgical Opinion	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
21 Third Surgical Opinion	Baseline	• Baseline
22 Social Work	Baseline	• Baseline
23 Diagnostic Dental	Baseline	• Baseline
24 Periodontics	Baseline	• Baseline
25 Restorative	Baseline	• Baseline
26 Endodontics	Baseline	• Baseline
27 Maxillofacial Prosthetics	Baseline	• Baseline
28 Adjunctive Dental Services	Baseline	• Baseline
30 Health Benefit Plan Coverage	Baseline	• Baseline
32 Plan Waiting Period	Baseline	• Baseline
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
34 Chiropractic Office Visits	Baseline	• Baseline
35 Dental Care	35 Dental Care***	***Only Active/Inactive
36 Dental Crowns	Baseline	• Baseline
37 Dental Accident	Baseline	• Baseline
38 Orthodontics	Baseline	• Baseline
39 Prosthodontics	Baseline	• Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
40 Oral Surgery	40 Oral Surgery	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
41 Routine (Preventive) Dental	Baseline	<ul style="list-style-type: none"> • Baseline
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
43 Home Health Prescriptions	Baseline	<ul style="list-style-type: none"> • Baseline
44 Home Health Visits	Baseline	<ul style="list-style-type: none"> • Baseline
45 Hospice	45 Hospice	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
46 Respite Care	Baseline	<ul style="list-style-type: none"> • Baseline
47 Hospital	47 Hospital*** 48 Hospital – Inpatient 50 Hospital Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 53 Hospital – Ambulatory Surgical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>*** Only Active/Inactive Required</p>

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
49 Hospital - Room and Board	Baseline	<ul style="list-style-type: none"> • Baseline
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
54 Long Term Care	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
55 Major Medical	55 Major Medical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
56 Medically Related Transportation	Baseline	<ul style="list-style-type: none"> • Baseline
57 Air Transportation	Baseline	<ul style="list-style-type: none"> • Baseline
58 Cabulance	Baseline	<ul style="list-style-type: none"> • Baseline
59 Licensed Ambulance	Baseline	<ul style="list-style-type: none"> • Baseline
60 General Benefits	60 General Benefits***	*** Only Active/Inactive
61 In-vitro Fertilization	61 In-vitro Fertilization****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>**** Sensitive benefit; Static amounts</p>
62 MRI/CAT Scan	62 MRI/CAT Scan	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
63 Donor Procedures	Baseline	<ul style="list-style-type: none"> • Baseline
64 Acupuncture	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
65 Newborn Care	65 Newborn Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
66 Pathology	Baseline	<ul style="list-style-type: none"> • Baseline
67 Smoking Cessation	Baseline	<ul style="list-style-type: none"> • Baseline
68 Well Baby Care	68 Well Baby Care*** 80 Immunizations BH Pediatric	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) ***Only Active/Inactive
69 Maternity	69 Maternity****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) ****Sensitive benefit; Static amounts only
70 Transplants	Baseline	<ul style="list-style-type: none"> • Baseline
71 Audiology Exam	Baseline	<ul style="list-style-type: none"> • Baseline
72 Inhalation Therapy	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>***Only Active/Inactive</p>
74 Private Duty Nursing	Baseline	<ul style="list-style-type: none"> • Baseline
75 Prosthetic Device	Baseline	<ul style="list-style-type: none"> • Baseline
76 Dialysis	76 Dialysis	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
77 Otological Exam	Baseline	<ul style="list-style-type: none"> • Baseline
78 Chemotherapy	78 Chemotherapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
79 Allergy Testing	Baseline	<ul style="list-style-type: none"> • Baseline
80 Immunizations	80 Immunizations	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
81 Routine Physical	81 Routine Physical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
82 Family Planning	82 Family Planning****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
83 Infertility	83 Infertility**** 61 In-vitro Fertilization****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
84 Abortion	84 Abortion****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
85 AIDS	Baseline	<ul style="list-style-type: none"> • Baseline
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services*** 98 Professional (Physician) Visit – Office***	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) <p>***Only Active/Inactive</p>

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
87 Cancer	87 Cancer	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
88 Pharmacy	88 Pharmacy*** If applicable, the following will be returned in addition to the above: 90 Mail order Prescription Drug 91 Generic 92 Brand	***Only Active/Inactive
89 Free Standing Prescription Drug	If applicable, the following will be returned: 88 Pharmacy*** 90 Mail order Prescription Drug 91 Generic 92 Brand	***Only Active/Inactive
90 Mail Order Prescription Drug	If applicable, the following will be returned: 88 Pharmacy*** 90 Mail order Prescription Drug 91 Generic 92 Brand	***Only Active/Inactive
91 Brand Name Prescription Drug	If applicable, the following will be returned: 88 Pharmacy*** 90 Mail order Prescription Drug 91 Generic 92 Brand	***Only Active/Inactive

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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
92 Generic Prescription Drug	If applicable, the following will be returned: 88 Pharmacy*** 90 Mail order Prescription Drug 91 Generic 92 Brand	***Only Active/Inactive
93 Podiatry	93 Podiatry	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
94 Podiatry - Office Visits	Baseline	• Baseline
95 Podiatry - Nursing Home Visits	Baseline	• Baseline
96 Professional (Physician)	Baseline	• Baseline
97 Anesthesiologist	Baseline	• Baseline
98 Professional (Physician) Visit - Office	98 Professional Visit Office: Physician*** BY Physician Visit - Office: Sick BZ Physician Visit - Office: Well	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable) ***Only Active/Inactive
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A1 Professional (Physician) Visit - Nursing Home	Baseline	<ul style="list-style-type: none"> • Baseline
A2 Professional (Physician) Visit - Skilled Nursing Facility	Baseline	<ul style="list-style-type: none"> • Baseline
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit – Home	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
A4 Psychiatric	Baseline	<ul style="list-style-type: none"> • Baseline
A5 Psychiatric - Room and Board	Baseline	<ul style="list-style-type: none"> • Baseline
A6 Psychotherapy	A6 Psychotherapy****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
A7 Psychiatric - Inpatient	A6 Psychotherapy**** A7 Psychiatric - Inpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
A8 Psychiatric - Outpatient	A6 Psychotherapy**** A8 Psychiatric - Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>

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270	271	
Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
A9 Rehabilitation	Baseline	<ul style="list-style-type: none"> • Baseline
AA Rehabilitation - Room and Board	Baseline	<ul style="list-style-type: none"> • Baseline
AB Rehabilitation – Inpatient	Baseline	<ul style="list-style-type: none"> • Baseline
AC Rehabilitation – Outpatient	Baseline	<ul style="list-style-type: none"> • Baseline
AD Occupational Therapy	AD Occupational Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AE Physical Medicine	AE Physical Medicine	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AF Speech Therapy	AF Speech Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AG Skilled Nursing Care	AG Skilled Nursing Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
AH Skilled Nursing Care - Room and Board	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
AI Substance Abuse	AI Substance Abuse****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Place of service (when applicable) <p>****Sensitive benefit; Static amounts only</p>
AJ Alcoholism	Baseline	<ul style="list-style-type: none"> • Baseline
AK Drug Addiction	Baseline	<ul style="list-style-type: none"> • Baseline
AL Vision (Optometry)	AL Vision (Optometry)***	*** Only Active/Inactive
AM Frames	Baseline	<ul style="list-style-type: none"> • Baseline
AN Routine Exam	Baseline	<ul style="list-style-type: none"> • Baseline
AO Lenses	Baseline	<ul style="list-style-type: none"> • Baseline
AQ Nonmedically Necessary Physical	Baseline	<ul style="list-style-type: none"> • Baseline
AR Experimental Drug Therapy	Baseline	<ul style="list-style-type: none"> • Baseline
B1 Burn Care	Baseline	<ul style="list-style-type: none"> • Baseline
B2 Brand Name Prescription Drug – Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
B3 Brand Name Prescription Drug - Non-Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
BA Independent Medical Evaluation	Baseline	<ul style="list-style-type: none"> • Baseline
BB Partial Hospitalization (Psychiatric)	Baseline	<ul style="list-style-type: none"> • Baseline
BC Day Care (Psychiatric)	Baseline	<ul style="list-style-type: none"> • Baseline
BD Cognitive Therapy	Baseline	<ul style="list-style-type: none"> • Baseline

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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
BE Massage Therapy	Baseline	• Baseline
BF Pulmonary Rehabilitation	Baseline	• Baseline
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
BH Pediatric	BH Pediatric	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, out of pocket and benefit limitations. • Place of service (when applicable)
BI Nursery	Baseline	• Baseline
BJ Skin	Baseline	• Baseline
BK Orthopedic	Baseline	• Baseline
BL Cardiac	Baseline	• Baseline
BM Lymphatic	Baseline	• Baseline
BN Gastrointestinal	Baseline	• Baseline
BP Endocrine	Baseline	• Baseline
BQ Neurology	Baseline	• Baseline
BR Eye	Baseline	• Baseline
BS Invasive Procedures	Baseline	• Baseline

Appendix B - BCN Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
BT Gynecological	BT Gynecological	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket.
BU Obstetrical	BU Obstetrical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket.
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible, and benefit limitations. <p>***Only Active/Inactive</p>
BW Mail Order Prescription Drug: Brand Name	Baseline	<ul style="list-style-type: none"> • Baseline
BX Mail Order Prescription Drug: Generic	Baseline	<ul style="list-style-type: none"> • Baseline
BY Physician Visit - Office: Sick	BY Physician Visit - Office: Sick	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
BZ Physician Visit - Office: Well	BZ Physician Visit - Office: Well	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
C1 Coronary Care	Baseline	<ul style="list-style-type: none"> • Baseline
CA Private Duty Nursing – Inpatient	Baseline	<ul style="list-style-type: none"> • Baseline
CB Private Duty Nursing - Home	Baseline	<ul style="list-style-type: none"> • Baseline

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
CC Surgical Benefits - Professional (Physician)	Baseline	• Baseline
CD Surgical Benefits – Facility	Baseline	• Baseline
CE Mental Health Provider - Inpatient	CE Mental Health Provider – Inpatient****	• Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket ****Sensitive benefit; Static amounts only
CF Mental Health Provider - Outpatient	CF Mental Health Provider – Outpatient****	• Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket ****Sensitive benefit; Static amounts only
CG Mental Health Facility - Inpatient	CG Mental Health Facility – Inpatient****	• Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket ****Sensitive benefit; Static amounts only
CH Mental Health Facility - Outpatient	CH Mental Health Facility – Outpatient****	• Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket ****Sensitive benefit; Static amounts only
CI Substance Abuse Facility - Inpatient	CI Substance Abuse Facility – Inpatient****	• Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket ****Sensitive benefit; Static amounts only

Appendix B - BCN Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
CJ Substance Abuse Facility - Outpatient	CJ Substance Abuse Facility – Outpatient****	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static for deductible and out of pocket <p>****Sensitive benefit; Static amounts only</p>
CK Screening X-ray	CK Screening X-ray	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CL Screening laboratory	CL Screening laboratory	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CM Mammogram, High Risk Patient	CM Mammogram, High Risk Patient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CN Mammogram, Low Risk Patient	CN Mammogram, Low Risk Patient	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CO Flu Vaccination	CO Flu Vaccination	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay • Static and accumulated amounts for deductible and out of pocket.
CP Eyewear and Eyewear Accessories	Baseline	<ul style="list-style-type: none"> • Baseline
CQ Case Management	Baseline	<ul style="list-style-type: none"> • Baseline
DG Dermatology	Baseline	<ul style="list-style-type: none"> • Baseline

Appendix B - BCN Responses		
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Provider Requests	Provider Receives • Home Licensee Response • Host Must Display (at minimum)	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
DM Durable Medical Equipment	DM Durable Medical Equipment*** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay, and benefit limitations • Static and accumulated amounts for deductible and out of pocket. • Place of Service (when applicable) ***Only Active/Inactive
DS Diabetic Supplies	Baseline	<ul style="list-style-type: none"> • Baseline
GF Generic Prescription Drug - Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
GN Generic Prescription Drug - Non-Formulary	Baseline	<ul style="list-style-type: none"> • Baseline
GY Allergy	Baseline	<ul style="list-style-type: none"> • Baseline
IC Intensive Care	Baseline	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static and accumulated amounts for deductible and out of pocket. ***Only Active/Inactive ****Sensitive benefit
NI Neonatal Intensive Care	Baseline	<ul style="list-style-type: none"> • Baseline
ON Oncology	Baseline	<ul style="list-style-type: none"> • Baseline

Appendix B - BCN Responses		
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Provider Requests	Provider Receives	
	<ul style="list-style-type: none"> • Home Licensee Response • Host Must Display (at minimum) 	
EQ01 Service Type Code Request	EB03 Service Type Code(s) Response	Liability Summary
PT Physical Therapy	PT Physical Therapy	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations • Static and accumulated amounts for deductible and out of pocket. • Place of Service (when applicable)
PU Pulmonary	Baseline	<ul style="list-style-type: none"> • Baseline
RN Renal	Baseline	<ul style="list-style-type: none"> • Baseline
RT Residential Psychiatric Treatment	Baseline	<ul style="list-style-type: none"> • Baseline
TC Transitional Care	Baseline	<ul style="list-style-type: none"> • Baseline
TN Transitional Nursery Care	Baseline	<ul style="list-style-type: none"> • Baseline
UC Urgent Care	UC Urgent Care	<ul style="list-style-type: none"> • Co-insurance, Deductible, Co-pay and benefit limitations