270/271 Eligibility Inquiry/Response

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270-271 Health Care Eligibility Benefit Inquiry and Response

Overview

The 270 and 271 Transactions are used in tandem: the 270 Transaction is used to inquire about the eligibility benefit status of a subscriber, and the 271 Transaction is returned in response to that inquiry. Blue Cross Blue Shield of North Carolina returns detailed eligibility, co-payment, deductible, co-insurance, and type of insurance information on the 271 Response.

The information in this chapter clarifies BCBSNC business and processing rules that are relevant to the implementation of the 270 and 271 Transactions, version 5010 (as defined by the 270/271 Technical Report 3 [TR3]). The information contained here does not contradict or repeat the information available to the reader through the TR3 implementation guide for the 270-271 transactions. The chapter delivers BCBSNC-specific information about the handling of these transactions.

The chapter consists of three sections:

- a general section with material applicable to the processing of eligibility inquiries and business edits performed by BCBSNC
- two tables outlining specific data format or content issues within both transactions, such as BCBSNC handling of specific data types
- a sample scenario of a 270 Transaction that is illustrated as both a data string and mapped transaction

Important Notice:
Unless otherwise required by state law, a 271 Response is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on the date of service.

Connectivity Transmission Options

The following connectivity options are available for transmission and receipt of X12 Health Eligibility 270/271 transactions – 5010 version. For more information about connectivity, see the *Introduction to the BCBSNC Companion Guide* at www.bcbsnc.com/content/providers/edi/hipaainfo/companionguuide.htm.

Connectivity Mode	Medium	File Format
HTTPS	Secure Web Browser	X12 Batch
FTP	Secure Web Service	X12 Batch
SOAP + WSDL	Secure Web Service	X12 Realtime and Batch
HTTP + MIME	Secure Web Service	X12 Realtime and Batch

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System Availability

Inquiries may be submitted 24 hours a day, seven days a week; however, we reserve the right to have occasional maintenance periods, which are usually scheduled from 1:00 a.m. to 5:00 a.m. If we are performing maintenance, you will receive an AAA response indicating we are unable to respond at this time. For any extended planned outage or when experiencing unexpected outage, we send out an email message to the trading partner contact email address.

BlueCard and Federal Employee (FEP) Inquiries

In order to manage inquiries for out-of-state Blue Card holders and Federal employees, BCBSNC accesses **Blue Exchange**, a data management system shared with Blue Cross and Blue Shield plans around the country. This system facilitates the routing of 270 Inquiries to the appropriate Blue Cross and Blue Shield Associate and the return of the 271 Response to the original submitter.

Important Notices:

For Batch Submitters: Submitters of batch x12 files will receive a 999 and/or TA1 Acknowledgement from BCBSNC. Responses for out-of-state subscribers or FEP members may take longer to be returned than those in state. Batches received by BCBSNC prior to 9:00 p.m. will have a response returned no later than 7:00 a.m. the next morning.

If Blue Exchange (for IPP and FEP members) is unable to respond within 24 hours, submitters receive the following AAA in the Subscriber Loop of the 271: AAA01= Y, AAA03 = 42, AAA04 = R. The original inquiry is closed out and may be resubmitted.

For Real-time Submitters:
Responses are received from Blue Exchange usually within 1 minute from submission during normal business hours (EST). No positive TA1 or 999 are returned for Real-time 270 submitters, as a 271 is returned.

Eligibility Inquiry Processing

Inquiries are handled in both batch and real-time mode. Batch transmissions can be bundled with up to 99 patient requests per batch. Real-time 270s should be submitted in batches of one – one request per ST/SE transmission.

Frequency of Data Exchange

Real time processing typically takes no more than 20 seconds. If a response is not returned within 60 seconds, the connection is terminated. Senders of batch transmissions can expect to receive a 271 Response between 5 minutes to one hour of submitting the original 270 Inquiry. Responses can be retrieved from the sender's mailbox.

Acknowledgements

Both negative and positive TA1 Interchange Acknowledgements and the 999 Functional Group Acknowledgement are returned upon the receipt of batch 270 Inquiries. Receipt of a positive TA1 and 999 indicates that no implementation guide errors are contained within the transmission. If

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implementation guide errors are found within the transmission, a negative TA1 or 999 (if requested) is returned, identifying the error, and the batch is rejected. The *Introduction to the Companion Guide*, online at http://www.bcbsnc.com/content/providers/edi/hipaainfo/companionguide.htm contains more information on the use of the TA1 and 999 Transactions.

For every 270 transaction received, a 271 response is returned. However, submitters may receive multiple 271 Responses to one 270 Inquiry if the 270 batch includes inquiries for patients with out-of-state coverage.

See the Error Reporting section of this chapter for more information about the 271 Response for error reporting.

For Real-time transactions, only a negative TA1 or 999 is returned.

Batch Data Retention

Data from inquiries that are rejected with a TA1 or 999 Transaction are retained for 90 days from date of receipt.

Batch Handling

BCBSNC accepts up to 99 Inquiries within a transaction set of a transmission and processes up to 99 transactions for each bundle received.

Important Notice:
BCBSNC does not batch-match responses with inquiries. Submitters should provide a Subscriber Trace Number (2000C or 2000D TRN02) so that they can associate submitted inquiries to their respective responses.

Error Reporting

The following table indicates the various error responses one may receive to a 270 Transaction.

Transmission Structure Level of Error	Type of Error	Transaction Returned
ISA/IEA Interchange Control	HIPAA TR3 Violations • Invalid Message • Invalid Batch ID • Inactive Message • Improper Batch Structure	TA1 (Negative)
GS/GE (Functional Group) ST/SE (Transaction Set) Detail Segments	HIPAA TR3 Violations	999* (Negative)
Detail Segments	BCBSNC Business Edits (see 271 - Data Element Table for details) Security Validation Messages	271 Transaction (See AAA segments)

Error Reporting for Eligibility Inquiries

The TA1 and 999 Transactions are used to indicate Technical Report (TR3) errors. If a transaction is rejected at the Interchange Control (ISA/IEA) level, the batch returns a TA1 Interchange Acknowledgement transaction that identifies the implementation guide error contained in the transmission. If a transmission is rejected at the Functional Group (GS/GE) or Transaction Set (ST/SE) level, a 999 Functional Acknowledgement that identifies the TR3 errors is returned.

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Important Notices:

1. For Technical Report (TR3) violations, BCBSNC returns the TA1 or 999 Acknowledgement Transactions ONLY. Trading partners who are unable to accept a 999 or TA1 transaction are not provided with alternative Technical Report (Type 3) error reporting mechanisms. See AAA Responses, below, for information about messages returned for security validation or local business edits.

AAA Responses

The 271 AAA Segments are used to identify security validation requirement issues and to indicate BCBSNC business edits. Submitters that provide insufficient or invalid information within the 270 Inquiry are sent a 271 Response with AAA segments identifying the error.

The following table displays the values, and their descriptions, typically sent in the 271 AAA response.

AAA	AAA Error Code Description
58	Invalid/Missing Date of Birth
64	Invalid/Missing Patient/Insured ID
65	Invalid / Missing Patient / Insured Name
68	Duplicate Patient ID Number
71	Patient DOB Does Not Match Patient on the DB
72	Invalid/Missing Subscriber/Insured ID
73	Invalid / Missing Subscriber / Insured Name
76	Duplicate Sub ID

The following table displays the AAA response codes returned for an unsuccessful inquiry. Multiple codes may be returned, depending on what search criteria was sent: MID (Member ID), DOB (Date of Birth), LN (Last Name), or FN (First Name).

	Input				**No Match - AAA**		**Multiple Match - AAA**	
Stp	**MID**	**DOB**	**LN**	**FN**	**Subcriber**	**Dependent**	**Subscriber**	**Dependent**
1	X				72	72 (Sub loop) & 64 (Dep loop)	58,73,76	58, 64, 65
2		X	X	X	58, 72,73	72 (Sub loop) & 58, 65 (Dep loop)	72,73	58,65,67
3	X	X			72	72 (Sub loop) & 64 (Dep loop)	73	65
4	X	X	X		72	72 (Sub loop) & 64 (Dep loop)	73	65
5	X	X		X	72	72 (Sub loop) & 64 (Dep loop)	73	65
6	X		X	X	72	72 (Sub loop) & 64 (Dep loop)	58	58
7	X	X	X	X	75	72 (Sub loop) & 58, 64,65 (Dep loop)		
8	X		X		72	72 (Sub loop) & 64 (Dep loop)	58,73,76	76 (Sub loop) & 58, 65,68 (Dep loop)
9	X			X	72	72 (Sub loop) & 64 (Dep loop)	58,73,76	76 (Sub loop) & 58, 65,68 (Dep loop)

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Validation of Dates

If a blank date is submitted for a Date of Service (DTP03) on the 270 Inquiry, BCBSNC edits the data and replaces blank with the current date.

Other date errors used in a DTP segment, such as 20100230 (February 30, 2010), return an appropriate AAA03 segment (Reject Reason Code). In this example, the Reject Reason Code would be a value of 57, which indicates that the date is invalid.

Date Ranges

BCBSNC returns the date range of the member's eligibility, regardless of the date sent in the Inquiry.

Important Notices:

Date Range inquiries are not supported. Only the first date of a date range submitted is utilized to determine eligibility.

If the first date of a date range submitted falls outside of the member's coverage dates, the 271 Response returns a value of "6" (Inactive) on the 2110C, EB01.

Subscriber or Dependent Identification

BCBSNC uses only the following HIPAA Search Option (HSO) data elements within the 270 Transaction to validate the patient's eligibility:

Data Element for Patient Matching	Implementation Guide Location (270 Request) (Subscriber or Dependent Loop)
First Name	2100C NM104 or 2100D NM104
Last Name	2100C NM103 or 2100D NM103
Date of Birth	2100C DMG02 or 2100D DMG02
Identification Code (Member ID)	2100C NM109 (see **Important Notices** below)

If trading partners elect to use the member's ID for the search criterion, they must submit the entire alphanumeric member identification code, as it appears on the subscriber's card, for patient identification. Nearly all BCBSNC members have a three (3) character alpha prefix, followed by eleven (11) alphanumeric characters. Some exceptions are Federal employees, who have only one (1) alpha prefix and eight (8) numeric characters to their member ID. The alpha prefix must be included when providing the subscriber identifier in the transaction.

Important Notices:

The BCBSNC member's identification number (ID) for the patient ("Identification Code") is a unique ID and may be submitted at the subscriber level, regardless of whether the patient is a dependent. If submitting patient information at the subscriber level, then submit patient demographic information at the same level.

Federal Employee Plan (FEP) members share identification numbers with their dependents. For inquiries on dependents of FEP members, use the dependent (2100D) loop.

270 Data Element Table

This Data Element table presents a matrix of those elements listed in the HIPAA TR3 that require Companion Guide annotation. The matrix identifies the element in question according to its loop, segment, and element identifiers within the HIPAA TR3.

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NOTE: To see 271 Responses to elements in this table, see the 271 Data Element Table below.

Transaction: 270 Health Care Eligibility Benefit Inquiry					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
	BHT	Beginning of Hierarchical Transaction			
			02	Transaction Set Purpose Code	BCBSNC validates only Code 13 (Request). (See the 271 Data Element table, Loop 2000A, for AAA responses to this element and all)
2100A	NM1	Information Source Name			
			08	Identification Code Qualifier	BCBSNC expects to see value "46" – our ETIN.
			09	Identification Code	Submitters will have received this identifier from BCBSNC Electronic Solutions (Production Support) after completing a request for electronic connectivity.
2100B	NM1	Information Receiver Name			
			08	Reference Identification Qualifier	BCBSNC expects to see XX (for an NPI).
			09	Identification Code	BCBSNC expects to see the Provider's NPI.
2000C	Loop	Subscriber Level			
				Entire Transaction Set Envelope	Use the subscriber loop whenever the patient has a unique ID (See Section 1.4.2: *Patient* of the X12N 270/271 TR3) When the patient is a dependent and does not have unique ID, use the dependent loop. If the Subscriber loop is used for a dependent patient, send dependent demographics (DMG and DTP) in this loop as well.
2100C	NM1	Subscriber Name			
			02	Entity Type Qualifier	BCBSNC does not process a value of "2" (Non-Person Entity)
			03	Last name or Organization Name	This element is one of the possible variables used for validation of eligibility. It is used in conjunction with date of birth sent in the DMG02 2100C.
			08	Identification Code Qualifier	BCBSNC expects to see a value of MI only.
			09	Identification Code	This element may be used for validation of eligibility. This element **must be sent for BlueCard (IPP) or FEP members** for successful processing. This element must match that on the patient's membership ID card exactly, including alpha prefixes and numeric suffixes if applicable. (Numeric suffixes are used to uniquely identify dependents sharing some portion of the Subscriber Identifier. See Subscriber or Dependent Identification)
	DMG	Subscriber Demographic information			
			02	Date Time Period	This element (Date of Birth) may be used for validation of eligibility when sent in conjunction with First Name, Last Name. It may also be used in conjunction with member Identification Code.

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Transaction: 270 Health Care Eligibility Benefit Inquiry					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
	DTP	Subscriber Date			
				Entire Segment	If Subscriber Date is not received, BCBSNC returns the most current eligibility dates of the patient if coverage is indicated.
2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			
			01	Service Type Code	BCBSNC accepts and responds to any service code option.
	DTP	Subscriber Eligibility/Benefit Date			
			01	Date/Time Qualifier	BCBSNC uses the 2100C DTP01 Date/Time Qualifier for this value.
2100D	NM1	Dependent Name			
			03	Last name or Organization Name	This element is one of the possible variables used for validation of eligibility. It is used in conjunction with first name and date of birth sent in the DMG02 2100D.
2100D	REF	Dependent Additional Identification			
			01	Reference Identification Qualifier	BCBSNC does not process a value of 1W.
2110D	DTP	Dependent Eligibility/Benefit Date			
			01	Date/Time Qualifier	BCBSNC uses the 2100D DTP01 Date/Time Qualifier for this value.

271 Data Element Table

This Data Element table presents a matrix of only those elements listed in the HIPAA Implementation Guide that require Companion Guide annotation. The matrix identifies the element in question according to its loop, segment, and element identifiers within the HIPAA Implementation Guide. Adjacent to the element's identifiers is the BCBSNC business rule specific to that data element or segment.

Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
2000A	AAA	Request Validation			
			01	Yes/No Condition/Response Code	When an "N" value is returned within this AAA, the 270 Request to which it refers has been rejected and the 271 Response contains only this AAA Segment.
			03	Reject Reason Code	• If Blue Exchange does not respond to a real-time inquiry within 60 seconds,

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
					BCBSNC returns a “42” and closes the HTTPS socket associated with the failed transaction.
			04	Follow-up Action Code	The value returned here is “C” (Please Correct and Resubmit.)
2100A	AAA	Request Validation			
			03	Reject Reason Code	When AAA01 is N, BCBSNC returns either of the following values: 04 – Indicating HL segments exceeded the maximum of 99. 79 – Indicating the receipt of the wrong payer number.
2100A	NM1	Information Source Name			
			01	Entity identifier code	BCBSNC returns only Code PR (Payer)
			02	Entity Type Qualifier	BCBSNC returns Code 2 (Non-person Entity); for Atypical Responses, a value of 1 is returned.
			03	Last name or Organization Name	BCBSNC returns only “Blue Cross and Blue Shield of NC”.
			08	Identification Code Qualifier	BCBSNC returns only Code 46 (ETIN). The BCBSNC Electronic Transmitter Identification Number is provided to submitters upon completion of Electronic Solutions Electronic Connectivity Request Form.
2100B	NM1	Information Receiver Name			
			08	Identification Code Qualifier	BCBSNC returns Code XX (NPI); for Atypical Responses, the value received in the 270 is returned.
			09	Identification Code	BCBSNC returns the code sent on the 270 (2100B, NM109), which should be the NPI.
2100C	REF	Subscriber Additional Identification			
			01	Reference Identification Qualifier	BCBSNC returns this segment with 6P (Group Number). On the first iteration, the patient's group number is returned. However, BCBSNC returns subsequent iterations of 2100C REF for each 'EA' or 'EJ' code received in the 270 transaction, Loop 2000C REF 01, so that the provider’s patient account or medical record ID is returned.
			02	Reference Identification	**When REF01 is 6P**, this value is the patient’s group number as identified on BCBSNC systems. **NOTE:** When filing an 837 HC Claim, be sure to include this value as the last two digits of the member’s identification number. A member identification number without the identity card number is incomplete.

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
	N3	Subscriber's Address			
				Entire Segment	Regardless of what is sent on the 270 Inquiry, the 271 Response returns address information as it appears on the BCBSNC system.
	N4	Subscriber's City, State, Zip Code			
				Entire Segment	Regardless of what is sent on the 270 Inquiry, the 271 Response returns address information as it appears on the BCBSNC system.
	AAA	Subscriber Request Validation			
			01	Yes/No Condition or Response Code	• When AAA01 is N, an error with the Member ID is detected (See AAA03 to determine the issue). Check Patient's Membership ID (which should be that listed on the Membership ID Card), or Patient's Name (First and Last) and Date of Birth. No other values are used to validate this data element. • When AAA01 is Y, and BCBSNC returns a value of 42 (Unable to Respond at Current Time) in AAA03 and a value of R in AAA04, this indicates that the response has been closed out and the sender should resubmit.
			03	Reject Reason Code	• A value of 42 (Unable to Respond at Current time.) is returned from Blue Exchange inquiries if no response is possible within 24 hours for batch submissions, or 60 seconds for real-time submission. Submitters may resubmit these inquiries if the Follow-up Action Code (AAA04) is "R". • When AAA01 is N, When AAA01 is N, one of the following values may appear for AAA03: • 58 Invalid/Missing Date of Birth • 64 Invalid/Missing Patient/Insured ID • 65 Invalid / Missing Patient / Insured Name • 68 Duplicate Patient ID Number • 71 Patient DOB Does Not Match Patient on the DB • 72 Invalid/Missing Subscriber/Insured ID • 73 Invalid / Missing Subscriber / Insured Name • 76 Duplicate Sub ID Check the Patient's Name, which should be that listed on the Membership ID Card, the Date of Birth, and the Membership ID number.
			04	Follow-up Action Code	A value of "R" is returned when the inquiry is closed out and the sender should resubmit the inquiry.
	DTP	Subscriber Date			
				Entire Segment	BCBSNC returns the most current eligibility dates of the patient if coverage is indicated.

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
					(This may include years XX99 to indicate no identifiable end date.) This DTP segment is also used to return the effective policy coverage dates when the member is found to be inactive for the Date of Service of the inquiry.
2110C	EB	Subscriber Eligibility or Benefit Information			
			Entire Segment		This segment repeats to provide different coverage information. The qualifier in EB01 indicates the information being sent in that specific iteration of the EB segment. If the member is a dependent and is an IPP (BlueCard) member, we return the information in the same loop as it was received.
			01	Eligibility or Benefit Information	The following values may be returned: • 1 (Active Coverage) • 6 (Inactive) • A (Co-insurance) • B (Co-payment) • C (Deductible) • F (Limitation) • G (Out of pocket) • I (Non-covered) • P (Benefit disclaimer) • R (Other payer information)
			02	Coverage Level Code	When EB01 equals “C”, this element returns either “FAM” (family) or “IND” (Individual). (Note: for Medicare Supplemental or Medicare Advantage inquiries, only ‘IND’ is returned.)

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
			03	Service Type Code (STC)	Any Service Type Code (STC) inquired upon receives a response with exceptions noted below.** BCBSNC returns any of the STC listed in EB03. A “baseline response”, a set of STC identified by the BCBS Association or the CAQH Board, may be received in addition to the code of the inquiry. The baseline codes include: • 1 – Medical Care • 30 – Health Plan Benefit Coverage • 33 – chiropractic • 35 – Dental • 47 – Hospital • 48 – Hospital Inpatient • 50 – Hospital Outpatient • 51 – Hospital Emergency Accident • 52 – Emergency Room • 86 – Emergency Services • 88 – Pharmacy • 98 – Physician Office visit • AL – Vision • MH – Mental Health • UC – Urgent Care • BY – Physician Visit (Sick) • BZ – Physician Visit (Well)
			04	Insurance Type Code	This element is present only in the first iteration of the EB segment, to indicate the member’s type of coverage. One of the following values may be returned: • HM (HMO) • OT (Other) • PR (PPO) • PS (Point of Service – POS) • SP (Supplemental Policy)
			06	Time Period Qualifier	One of the following values may be returned: • 22 (Service Year) • 27 (Visit) • 32 – Lifetime • 33 – Lifetime Rendering • 36 (Admission)
			07	Monetary Amount	When EB01 equals B or C, a monetary value is returned in EB07.
			08	Percent	When EB01 equals A, a percent value is returned in EB08.
			12	Yes/No Condition or Response Code	This code is given to indicate if the benefits are considered in or out of Plan-Network.

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
	MSG	Message Text			
			01	Free Form Message Text	• If needed, a message segment is sent to indicate the Service Type of "Specialist" as the EB03 does not have a code for that value. • The following disclaimer, mandated by the BCBS Association, is returned: "Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on date of service." • The MSG01 provides a description of the benefit listed in the EB segment when the benefit description is not sufficiently codified by the TR3 guide.
2115C	III	Subscriber Eligibility or Benefit Additional Information			
			01	Code List Qualifier Code	BCBSNC returns a value of ZZ.
			02	Industry Code	BCBSNC returns only one place of service per III segment, when appropriate.
2120 C	NM1	Subscriber Benefit Related Entity Name			
			Entire Segment		BCBSNC returns this segment to identify the name of the member's other insurance information if known.
2100D	REF	Dependent Additional Identification [1]			
			01	Reference Identification Qualifier	BCBSNC returns this segment with 6P (Group Number). On the first iteration, the patient's group number is returned. However, BCBSNC returns subsequent iterations of 2100C REF for each 'EA' or 'EJ' code received in the 270 transaction, Loop 2000C REF 01, so that the provider's patient account or medical record ID is returned.
	N3	Dependent's Address			
				Entire Segment	Regardless of what is sent on the 270 Inquiry, the 271 Response returns address information as it appears on the BCBSNC system.
	N4	Dependent's City, State, Zip Code			
				Entire Segment	Regardless of what is sent on the 270 Inquiry, the 271 Response returns address information as it appears on the BCBSNC system
	AAA	Dependent Request Validation			

[1] The 2100D loop is returned only for BlueCard or FEP member inquiries. BCBSNC local members are all uniquely identified by Member ID.

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
			03	Reject Reason Code	When AAA01 is N, one of the following values may appear for AAA03: • 58 Invalid/Missing Date of Birth • 64 Invalid/Missing Patient/Insured ID • 65 Invalid / Missing Patient / Insured Name • 68 Duplicate Patient ID Number • 71 Patient DOB Does Not Match Patient on the DB • 72 Invalid/Missing Subscriber/Insured ID • 73 Invalid / Missing Subscriber / Insured Name • 76 Duplicate Sub ID
			04	Follow-up Action Code	A value of "R" is returned when the inquiry is closed out. Senders should resubmit the inquiry.
	DTP	Subscriber Date			
				Entire Segment	The inquiry date submitted on the 270 is returned here. This DTP segment is also used to return the effective policy coverage dates when the member is found to be inactive for the Date of Service of the inquiry.
2110D	EB	Dependent Eligibility or Benefit Information			
			Entire Segment		This segment repeats to provide different coverage information for Dependents. The qualifier in EB01 indicates the information being sent in the specific iteration of the EB segment.
			01	Eligibility or Benefit Information	The following values may be returned: • 1 (Active Coverage) • 6 (Inactive) • A (Co-insurance) • B (Co-payment) • C (Deductible) • F (Limitation) • G (Out of pocket) • I (Non-covered) • P (Benefit disclaimer) • R (Other payer information)
			02	Coverage Level Code	When EB01 equals "C", this element returns either "FAM" (family) or "IND" (Individual). (Note: for Medicare Supplemental or Medicare Advantage inquiries, only 'IND' is returned.)
			03	Service Type Code	Any Service Type Code (STC) inquired upon receives a response. BCBSNC returns any of the STC listed in EB03, with the exception listed in the note below. A "baseline response", a set of STC identified by the BCBS Association or the CAQH Board, may be received in addition to the code of the inquiry. The baseline codes include: • 1 – Medical Care • 30 – Health Plan Benefit Coverage

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
					• 33 – chiropractic • 35 – Dental • 47 – Hospital • 48 – Hospital Inpatient • 50 – Hospital Outpatient • 52 – Emergency Room • 86 – Emergency Services • 88 – Pharmacy • 98 – Physician Office visit • AL – Vision • MH – Mental Health • UC – Urgent Care • BY – Physician Visit (Sick) • BZ – Physician Visit (Well)
			04	Insurance Type Code	This element is present only in the first iteration of the EB segment, to indicate the member's type of coverage. One of the following values may be returned: • HM (HMO) • OT (Other) • PR (PPO) • PS (Point of Service – POS) • SP (Supplemental Policy)
			06	Time Period Qualifier	One of the following values may be returned: • 22 (Service Year) • 27 (Visit) • 32 – Lifetime • 33 – Lifetime Rendering • 36 (Admission)
			07	Monetary Amount	When EB01 equals B or C, a monetary value is returned in EB07.
			08	Percent	When EB01 equals A, a percent value is returned in EB08.
			12	Yes/No Condition or Response Code	This code is given to indicate if the benefits are considered in or out of Plan-Network.
	MSG	Message Text			
				Free Form Message Text	• The following disclaimer, mandated by the BCBS Association, is returned: "Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on date of service." • If needed, a message segment is sent to indicate the Service Type of "Specialist"" as the EB03 does not have codes for that value. • The MSG01 provides a description of the benefit listed in the EB segment.

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Transaction: 271 Health Care Eligibility Benefit Response					
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**BCBSNC Business Rules**
2115D	III	Dependent Eligibility or Benefit Additional Information			
			01	Code List Qualifier Code	BCBSNC returns a value of ZZ.
			02	Industry Code	BCBSNC returns one place of service per III segment, when appropriate.
2120 D	NM1	Subscriber Benefit Related Entity Name			
			Entire Segment		BCBSNC returns this segment to identify the name of the member's other insurance information if known.

270 Transmission Samples

The following transmission section illustrates how a simple business scenario would be presented as an electronic transmission (data string). The section includes three parts: a business scenario containing raw data, the ST/SE portion of the electronic transmission as a data string, and a file map of the data string to illustrate the relationship of the data to the X12N Implementation Guide.

For more information about file formats and application control structures, see "Appendix A: ASSC X12 Nomenclature" in the *ASC X12N 270/271 Implementation Guide*.

Business Scenario

The following information identifies the information source, information receiver, subscriber, and dependent used in the transmission samples.

Payer (Information Source)	BCBSNC 987654321
Provider (Information Receiver)	Bone and Joint Clinic Provider Service Provider Number: BC00002 Facility Network Identification Number: 234000 Address: Durham, NC, 27707 Communication Contact Name Billing Department Phone Number 919-555-1212, Extension 2805 and FAX 919-555-1213
Individual Physician	Marcus Helby, MD Service Provider Number: 1234567890 Provider Plan Network Identification Number 129 Communication Contact Name: P. Henchel Phone Number 919-555-1212, Extension 3694 and

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	FAX 919-555-1214
Service Information	DOS: 10/31/2010 Billing Date: 10/31/2002
Subscriber	Barnard Rubble - Subscriber Member Identification Number – not used Group or Policy Number 599119
Dependent/Patient	BamBam Rubble - Dependent (Patient) Member Identification Number – 111223303 Social Security Number 003221234

Data String Example*

This is an example of an eligibility request from health care provider to a payer. The physician is inquiring if the patient (the dependent) has visit coverage. The request is from Marcus Helby, MD to Blue Cross and Blue Shield of North Carolina.

*This Data String Example is presented with a carriage return after every segment for easy viewing.

```
ST*270*1234*005010x279~
BHT*0022*13*10001234*20101115*1319~
HL*1**20*1~
NM1*PR*2*BCBSNC*****46*987654321~
HL*2*1*21*1~
NM1*1P*1*HELBY*MARCUS*MD***XX*1234567890~
REF*N7*234899~
N3*55 HIGH STREET~
N4*DURHAM*NC*27701~
PER*IC*PETER HENCHEL*TE*9195551212*EX*2805*FX*9195551213~
HL*3*2*22*1~
NM1*IL*1*RUBBLE*BARNARD*B***MI*111223303~
REF*1L*599119~
N3*29 DINO ROAD~
N4*FLINTVILLE*NC*27713~
DMG*D8*19510519*M~
DTP*291*D8*20161031~
HL*4*3*23*0~
TRN*1*93175-012547*9877281234*RADIOLOGY~
NM1*03*1*RUBBLE*BAMBAM~
REF*SY*003221234~
DMG*D8*19881014*M~
DTP*291*D8*20161031~
EQ*30**FAM~
SE*25*1234~
```


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271 File Map

The following file map presents the raw data presented in the Business Scenario, in relation to the X12N 270/271 TR3 loops, segments, and elements.

	Loop ID	Segments		Elements								
1		**Transaction Set Header**	**ST**	**ST01**	**ST02**	**ST03**						
				270	1234	005010x279~						
1		**Beginning of Hierarchical Transaction**	**BHT**	**BHT01**	**BHT02**	**BHT03**	**BHT04**	**BHT05**				
				0022	13	10001234	20021115	1319~				
1	**2000A**	**Information Source Level**	**HL**	**HL01**	**HL02**	**HL03**	**HL04**					
				1		20	~					
1	**2100A**	**Information Source Name**	**NM1**	**NM101**	**NM102**	**NM103**	**NM104**	**NM105**	**NM106**	**NM107**	**NM108**	**NM109**
				PR	2		1	*	*	*	46	987654321~
1	**2000B**	**Information Receiver Level**	**HL**	**HL01**	**HL02**	**HL03**	**HL04**					
				2	1	21	1~					
1	**2100B**	**Information Receiver Name**	**NM1**	**NM101**	**NM102**	**NM103**	**NM104**	**NM105**	**NM106**	**NM107**	**NM108**	**NM109**
				1P	1	HELBY	MARCUS	*	*	MD	xx	1234567890 ~
	2100B	**Information Receiver Additional Identification**	**REF**	**REF01**	**REF02**							
				N7	234899~							
	2100B	**Information Receiver Address**	**N3**	**N301**								
				55 High Street~								
	2100B	**Information Receiver City/State/Zip**	**N4**	**N401**	**N402**	**N403**						
				Durham	NC	2701~						
	2100B	**Information Receiver Contact Information**	**PER**	**PER01**	**PER02**	**PER03**	**PER04**	**PER05**	**PER06**	**PER07**	**PER08**	
					PETER HENCHEL	TE	9195551212	EX	2805	FX	9195551 213~	
1	**2000C**	**Subscriber Level**	**HL**	**HL01**	**HL02**	**HL03**	**HL04**					

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	Loop ID		Segments	Elements								
				3	2	22	1~					
1	2100C	Subscriber Name	NM1	NM101	NM102	NM103	NM104	NM105	NM106	NM107	NM108	NM109
				IL	1	RUBBLE	BARNARD	B			MI	111223303~
1	2100C	Subscriber Additional Information	REF	REF01	REF02							
				1L	599119~							
1	2100C	Subscriber Address	N3	N301								
				29 Dino Road~								
1	2100C	Subscriber City/State/Zip Code	N4	N401	N402	N403						
				Flintville	NC	27713~						
1	2100C	Subscriber Demographic Information	DMG	DMG01	DMG02	DMG03						
				D8	19510519	M~						
1	2100C	Subscriber Date	DTP	DTP01	DTP02							
					D8	~						
1	2110C	Subscriber Eligibility or Benefit Info.	EB	EB01	EB02	EB03	EB04	EB06	EB07	EB08	EB12	
				1		1	PR	27~				
1	2000D	Dependent Level	HL	HL01	HL02	HL03	HL04					
				4	3	23	0~					
1	2000D	Dependent Trace Number	TRN	TRN01	TRN02	TRN03	TRN04					
				1	93175-012345		Radiology~					
1	2100D	Dependent Name	NM1	NM101	NM102	NM103	NM104					
				3	1	RUBBLE	BAMBAM~					
1	2100D	Dependent Additional Information	REF	REF01	REF02							
				SY	003221234~							
1	2100D	Dependent Demographic Information	DMG	DMG01	DMG02	DMG03						
				D8	19881014	M~						
1	2100D	Dependent Date	DTP	DTP01	DTP02	DTP03						
				472	D8	20021031~						

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	Loop ID		Segments	Elements								
1	2110D	**Dependent Eligibility or Benefit Inquiry Information**	**EQ**	**EQ01**	**EQ02**	**EQ03**						
				30	*	FAM~						
1		**Transaction Set Trailer**	**SE**	**SE01**	**SE02**							
				25	1234~							

Document Change Log

The following change log identifies changes that have been made from version 1.0 of ***Chapter 3: 270-271 Eligibility Inquiry and Response***.

Chapter and Section	Change Description	Date of Change	Version
271 Data Element Table	BCBSNC returns one place of service per III segment of the 271.	October 2010	V1.1
Security Validation Edits and 271 Data Element Table	Inclusion of exception information for Medicare Supplemental and Medicare Advantage lines of business inquiries and responses.	January 2011	V2
271 Data Element Table	2100C, NM102 and 2100D, REF01 elements added to reflect BCBSNC does not carry products for workers compensation and property casualty.	May 2011	V2.1
Acknowledgements	Removal of references to the 997 Acknowledgement, which is not returned.	Sept. 2011	V2.2
AAA Responses, 270 Data Element Table, 271 Data Element Table	Revisions based on CAQH compliance with Health Care Reform changes: • Addition of Reject Reason Codes 68; removal of Reject Reason Codes 67 and 75. • Inclusion of Medicare products for edit displays • Addition of Service Type Code 51 for Loop 2110D • Added information about Loop 2120 (C and D) – NM1 Segment and Loop 2100 (C and D) – DTP segment	April 2012	V2.3
Connectivity Options	Added HTTP+Mime option to the Connectivity Transmission Options table	July 2012	V2.4
271 Data Element Table	• Removal of the Security Validation Edits section as edits are no longer performed against the NPI-Trading Partner relationship • Removal of the 2100B AAA segment references to Security Validation edits, and removal of two sentences in the NM109 segment regarding NPI edits.	September 2013	V.2.5
System Availability and	• Revised availability hours and added contact info	December 2013	v2.6

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Chapter and Section	Change Description	Date of Change	Version
Connectivity Transmission Options	• Removal of CAQH requirements		
270 Data Element Table, 271 Data Element Table, Date Ranges	• 2110C/D – The following note was added to all EQ03 references: ** NOTE: Inquiries for Member IDs with alpha prefixes of **YPS**, **YPQ**, or **YPU** receive responses only on the first Service Type Code requested in the inquiry. Please plan accordingly when making inquiries for this membership. • 2100C/D – The following note was added to both REF01 references: Additional iterations of REF01=HJ may be returned for inquiries on Member IDs with alpha prefixes of YPS, YPQ, YPU.	April 2014	V2.7
Subscriber or Dependent Identification and 270 Data Element Table	• Modification to member identifier format • Advisory added to Subscriber Loop 2000C for consistent submission of patient demographic information regardless of loop used	January 2015	V 2.8
270 Data Element Table	Amendments made to both the EQ and EB segments NOTES: ** **NOTE:** Inquiries for Member IDs that do NOT have a **W** or **J** in the fourth position receive responses only on the first Service Type Code requested in the inquiry. Please plan accordingly when making inquiries for this membership. e.g. YPS**1**0020030000 is an example of a member ID without J or W in the fourth position. Responses to inquiries on this member would include only information for the first STC in the request.	January 2016	V2.9
271 Data Element Table	Clarification of 2100C REF01 and REF02 of the 271; additional information for REF02 as below: **When the REF01=HJ (Identity Card Number)**, this element represents only the last two digits of the Member's ID, which identifies the relationship to the insured (e.g. 00, 01, 02). **NOTE:** When filing an 837 HC Claim, be sure to include this value as the last two digits of the member's identification number. A member identification number without the identity card number is incomplete.	February 2016	V3
271 Data Element Table	Removal of references to special conditions value HJ in loops 2100 C and D, REF01 and 02	February 2017	V3.1
270 Data Element Table	Removed restricted Service Type Code response. No longer limited	January 2022	V3.2

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