



Blue Shield of California and Blue Shield of California Promise Health Plan

270/271 HIPAA Transaction Companion Guide

HIPAA/V5010X279A1

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The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects patients' health information.

blueshieldca.com

Document History

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| | |
|---|----|
| Document History | 2 |
| 1. Introduction..... | 4 |
| 1.1 Scope | 4 |
| 1.2. References | 4 |
| 1.3 Additional information | 4 |
| 2. Getting started..... | 5 |
| 2.1 Working with Blue Shield of California..... | 5 |
| 2.2 Trading Partner Registration | 5 |
| 2.3 Certification and Testing Overview..... | 5 |
| 3. Testing with payer..... | 6 |
| 3.1 Testing and production phases | 6 |
| 4. Connectivity with the payer/communications | 7 |
| 4.1 Process flows | 7 |
| 4.4 Communication protocol specifications..... | 8 |
| 5. Contact information..... | 9 |
| 6. Control segments/envelopes | 9 |
| 6.1 ISA-IEA envelope data..... | 9 |
| 6.2 GS-GE-Functional Group Header | 13 |
| 6.3 ST-SE Transaction Set Header..... | 15 |
| 7. Payer-specific business rules and limitations..... | 16 |
| 8. Acknowledgements and reports - Reports inventory | 18 |
| 9. Transaction-specific information..... | 18 |
| 10. Appendices..... | 18 |

1. Introduction

This Companion Guide to the v5010 ASC X12N 270 and 271 Implementation Guides and associated errata adopted under HIPAA, clarifies and specifies the data content when exchanging eligibility data electronically with Blue Shield of California health plan and Blue Shield of California Promise Health Plan (collectively, "Blue Shield").

Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

1.1 Scope

This document should be used as a guide when sending or receiving eligibility, coverage or benefit data via a standard 270/271 EDI transaction to the Blue Shield EDI system.

Blue Shield's EDI is a system through which trading partners can submit 270 EDI transactions as well as receive 271 EDI transactions. This document describes how a submitter uses the system to submit files and receive acknowledgements and reports.

Before using Blue Shield EDI Channel, it is important to determine your compatibility in relation to Blue Shield EDI Channel.

- You must be able to send and receive X12 health care EDI files.
- You must be able to extract information from your system and interpret it.
- You must have sufficient EDI technical knowledge to make adjustments to your system, as necessary.
- You must be able to interact with Blue Shield EDI Channel.

1.2. References

The standard HIPAA transaction implementation guides are referenced by this guide. Copies of current guides may be obtained from www.wpc-edi.com

1.3 Additional information

This document was developed to provide users of Blue Shield EDI with the necessary information in order to exchange EDI transactions with Blue Shield. With the assumption that the user has working level EDI knowledge, this document focuses on the use of the Blue Shield EDI system and does provide background information on EDI transactions and their use.

2. Getting started

2.1 Working with Blue Shield of California

This guide includes the instructions you will need to get connected and start sending/receiving standard 270 and 271 transactions with Blue Shield. Make sure you read the entire guide in order to take advantage of the full functionality of the system.

2.2 Trading Partner Registration

Before submitting or receiving a 270 or 271 transaction, you must register as a Trading Partner with Blue Shield to ensure you are established and recognized in our system. To register, please fill out the Enrollment Application and Trading Partner Agreements that can be found on Provider Connection: www.blueshieldca.com/provider

2.3 Certification and Testing Overview

The purpose of Blue Shield EDI testing phase is to provide you with a mechanism to produce the same reports and acknowledgments that are produced once you are in production. This allows you to test your ability to produce correct data content and to receive and process the acknowledgments and files we produce for you. By testing with Blue Shield EDI, you will be allowed to send transactions. Transactions go from you to Blue Shield Non-Production Environment, as would be the case in a Production Environment. A general breakdown of the process is as follows:

- You will be set up with connectivity to perform connectivity testing.
- You will receive one of three (3) acknowledgments: a 271 response, a TA1 acknowledgment, or a 999 rejection.
- The 999 will show any errors or problems that were found in the transaction sent. The errors or problems may be related to the HIPAA standards or directly to the Blue Shield Companion Guide.
- You will continue to test until you have resolved any issues. Then, request to have your status for the specific transaction you have been testing changed from test to production.
- Your test to production status change request will be reviewed by Blue Shield and you will be notified via email when your request has been approved. Once your request has been approved you will be notified that you are now able to send transactions in production.
- More than one transaction type can be run simultaneously. You can also be granted production status for one type of transaction and still be in test mode for other transactions.

There are no technical limits to the number of transactions you can submit in a single batch file; there are, however, some practical limits. Files with large numbers of transactions will generate reports with large amounts of data. Keep this in mind as you prepare your systems to send files to Blue Shield EDI. For Real-time transactions you will need to send one 270 transaction request per file.

The communication protocol is tested as a part of first-time testing. Any time a communication protocol is changed, some testing is needed. The communication protocols for sending transactions to Blue Shield EDI are the same for testing as for they are for production.

3. Testing with payer

After we receive and process your EDI Registration Form, your Blue Shield EDI Analyst will work with you through our testing process. Our testing process is required for all trading partners in order to minimize production problems.

- If you have questions or concerns about testing, please call our EDI Analyst. See Section 5 for contact information.
- Proper preparation before testing will ease the testing process and promote its success.

Trading Partners must:

- Read and make sure that you understand the terms and conditions of the Blue Shield Trading Partner Agreement (TPA), accept the conditions and terms of the TPA.
- Read all chapters and appendices of this Companion Guide.
- Complete the Blue Shield Registration Form with the required attachments.
- After we receive and process you completed EDI Registration Form, your Blue Shield EDI Analyst will contact you to discuss your testing schedule and the testing process.

3.1 Testing and production phases

You will need to repeat the following Phase I and Phase II testing procedures for each transaction type that you want to submit.

Phase I: Testing EDI Connections in Non-Production Environment (Using Limited Test Data)

- The Blue Shield Trading Partner X12 testing process has two (2) phases as well for the 270.
- Checks the outer envelope in the order of the transaction segments
- Checks values to ensure that they comply with the specifications in the X12 Implementation Guides. During this 2nd section, you will submit test files and receive acknowledgments in response to your files.

Upon receipt of your Blue Shield Trading Partner Registration form and the required attachments, your Blue Shield EDI Analyst will contact you to schedule Phase I testing.

Creating and Submitting Your Test Files

Please ensure that your Phase I test files abide by the following instructions:

- Create test files with X12 version 005010A1.
- Agree upon a limited set of test scenarios.
- Create test files using the same means you will use to create files for productions data. The test files must contain realistic data. Do not handcraft data specifically for testing.
- Include a representative sampling of the types of transactions you typically submit.
- In the Interchange Control Header, ISA15 (Usage Indicator), enter "T" to indicate test data.

Upon successful completion of Phase I, Phase II can begin. Phase II checks values to ensure that they comply with the specification in the X12 Implementation Guides. During Phase II, you will submit test files and receive reports in response to your files. To test 27X files, you will construct and submit test files as explained in this section.

Phase II: Production (validation testing) to make sure TP setup has been promoted to Production environment.

Once you have received production status for a transaction, Blue Shield recommends that you send a limited run of production data. This will help ensure that it will be easier to troubleshoot problems that may arise during the first few production runs. It is up to you how many transactions you send, but you should use prudence as you select the size and scope of the first few production runs.

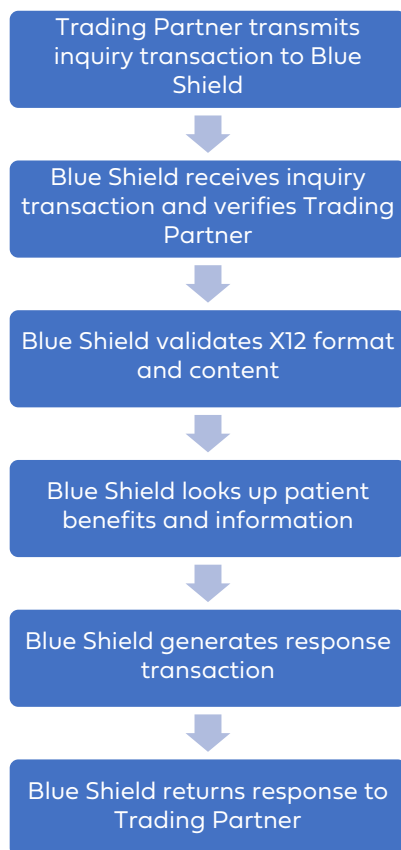
Once out of testing mode, you will send real transactions that will be processed by Blue Shield production applications. You will receive reports related to your production file submissions and the actual X12 transactions generated by Blue Shield production applications in response to your production file submissions.

Note: Ensure that your ISA15 is set to "P" when submitting transactions for production.

4. Connectivity with the payer/communications

4.1 Process flows

The below chart is a high-level process flow of a 270/271 transaction.



4.2 Transmission administrative procedures

Schedule, availability, and downtime notification

Effective January 2013, the Blue Shield 270/271 system is available:

- Real Time: Sunday 22:00 through Saturday 21:59 PST
- Batch Transactions: 24x7 Sunday through Saturday

Any unplanned downtime will be communicated to Trading Partners via e-mail. A follow up e-mail will be sent once the system becomes available.

4.3 Re-transmission procedure

Trading Partners may contact Blue Shield for assistance in researching problems with their transactions. However, Blue Shield will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The transaction must be corrected and re-submitted by the Trading Partner.

4.4 Communication protocol specifications

Blue Shield receives and transmits transactions using MQ and HTTP/s protocols for real-time mode, and SFTP and HTTP/s for batch mode.

Note: Batch transactions must not exceed 99 transactions per 270 file as this will cause the file to reject.

For MQ, both server-to-server and client-to-server connections are supported. B2B VPN connectivity must be established between both the Trading Partner and Blue Shield. Separate MQ connections must be made for each inquiry transaction type, however a single MQ connection may be used for the receipt of all registered transaction responses from Blue Shield.

Blue Shield supports CORE Phase II HTTP/s open connectivity standards, HTTP MIME Multipart and SOAP+WSDL, for both real-time and batch modes.

Specific connectivity information, including passwords, will be provided to you once you send in your Trading Partner Registration.

Unique file naming conventions are required for batch mode transactions:

- A standard naming convention is required to be used for the files you will be sending to Blue Shield. The file convention is stated as the following: SubmitterID_Date_Time.270.
- Example: SubmitterID_YYYYMMDD_HHMMSS.270
- The outbound file naming convention for 271 files in response to 270 files must be as follows:

InterchangeReceiverID]_HHmmssSSSSyyyyMMddX279A1.271 Where HHmmssSSSSyyyyMMdd is two digit hour, two digit minutes, seconds with leading zeros, milliseconds with leading zero, four digit year, two digit month and two digit day followed by value "279A1" to identify 271 files in response to a 270 request.

Example: 12345_1600001043220140713X279A1.271

5. Contact information

For support and questions with EDI transactions, please contact the EDI Help Desk at (800)-480-1221.

Applicable websites:

- www.blueshieldca.com/provider (for link from the Blue Shield Provider Connection website)
- www.blueshieldca.com/promise (for link from the Blue Shield Promise provider website)

6. Control segments/envelopes

6.1 ISA-IEA envelope data

Blue Shield uses the v5010 ASC X12N 270/271 Implementation Guide and associated errata adopted under HIPAA. This specifies the data content for the 270/271 transaction data that you will be getting from Blue Shield. Blue Shield has not made any changes or customizations to this format. You may purchase a copy of the 270/271 implementation guide from the Washington Publishing Company at <http://www.wpc-edi.com>.

The Interchange Control Header (ISA) is the first record of the entire Interchange. Every X12 Interchange must begin with an ISA Segment.

The purpose for this is to start and identify an interchange of zero or more functional groups and Interchange-related control segments.

File delimiters:

- **ISA segment:** This segment is 106 byte fixed length record. Insert trailing spaces after String type (AN) element values and leading zeroes before Numeric type (Nn) element values as needed to comply with the length requirement.
- **Data element separator:** The fourth byte within the ISA record (the first byte after ISA) tells the receiver what value the sender is using as a data element separator. The value used as the data element separator must not be present within any data element in the transaction.
 - To Blue Shield: Send the value used as the Data Element Separator in the transaction following this ISA segment.
 - From Blue Shield: In response to the 270 transactions, the value sent to Blue Shield with ISA record accompanying the 270 will be returned on the 271 response.
- **Repetition Separator:** Byte 83 (ISA11) within the ISA record is a simple or composite data elements within a segment that can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats.
 - To Blue Shield: Send the value used as the Repetition Separator in ISA11 of the transaction.
 - From Blue Shield: In response to the 270 transactions, the value sent to Blue Shield with ISA record accompanying the 270 will be returned on the 271 response.

- **Component Element Separator:** Byte 105 (ISA16) within the ISA record. This delimiter is used to separate Composite Data Structure which is an intermediate unit of information in a segment.

Composite Data Structures are composed of one or more logically related simple data elements, each, except the last, followed by a Component Element Separator.

- To Blue Shield: Send the value used as the Component Element Separator in ISA16 of the transaction.
- From Blue Shield: In response to the 270 transactions, the value sent to Blue Shield with ISA record accompanying the 270 will be returned on the 271 response.
- **Segment Terminator:** Byte 106 within the ISA record. The data segment is an unit of information in a transaction set. A data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.
- To Blue Shield: Send the value used as Segment Terminator in byte 106 within the ISA record of the transaction.
- From Blue Shield: In response to the 270 transactions, the value sent to Blue Shield with ISA record accompanying the 270 will be returned on the 271 response.

○

Example: ISA* 00** 01* SECRET * ZZ* SUBMITTERS.ID..* ZZ*

RECEIVERS.ID * 930602* 1253* }* 00501* 000000905* 1* T* :~

Table:

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|-------------------------------------|-----|------|---------|---|------------------------------------|
| ISA01 | Authorization Information Qualifier | M | ID | (2/2) | 00=No authorization info present. 03=Additional data identification | 0 |
| ISA02 | Authorization Information | M | AN | (10/10) | If ISA01=00, must be 10 spaces. If ISA01=03, must be mutually agreed upon. | 10 spaces |
| ISA03 | Security Information Qualifier | M | ID | (2/2) | 00=No security info present. 01=Password. | 0 |
| ISA04 | Security Information | M | AN | (10/10) | IF ISA03=00, must be 10 spaces. IF ISA03=01, must be mutually agreed upon. | 10 spaces |

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|------------------------------------|-----|------|---------|---|---|
| ISA05 | Interchange Sender ID Qualifier | M | ID | (2/2) | 01=Duns 14=Duns plus suffix 20=Health insurance number (HIN) 27=CMS carrier ID number 28=CMS fiscal intermediary ID number 29=CMS Medicare provider /supplier ID 30 U.S. federal tax ID 33=NAIC ID ZZ=Mutually defined. | To Blue Shield: Use the value that best describes the sender ID in ISA06. If the value in ISA06 is an ID assigned to the sender by Blue Shield or Enumeron LLC, use ZZ. From Blue Shield: ZZ |
| ISA06 | Interchange Sender ID | M | AN | (15/15) | | To Blue Shield: Send the value entered as your sender ID on the Registration or Settings page, left justified. From Blue Shield: 940360524, left justified. |
| ISA07 | Interchange Receiver ID Qualifier | M | ID | (2/2) | See ISA05 for values | To Blue Shield: ZZ From Blue Shield: In response to 270 transactions, the value sent to Blue Shield in the ISA05. In other transactions Blue Shield will send ZZ. |
| ISA08 | Interchange Receiver ID | M | AN | (15/15) | | To Blue Shield: 940360524, left justified. From Blue Shield: in responses to 270 transactions, the value sent to Blue Shield in the ISA06. . |
| ISA09 | Interchange Date | M | DT | (6/6) | Format=YYMMDD | Date from sending system. |
| ISA10 | Interchange Time | M | TM | (4/4) | Format=HHMM | Time from sending system using 24 hour format. E.G., for 1 PM use 1300. From Blue Shield: this will be EST. |
| ISA11 | Repetition Separator | M | ID | (1/1) | | { |
| ISA12 | Interchange Control Version Number | M | ID | (5/5) | 00501 | 00501 |

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|---|-----|------|---------|--|---|
| ISA13 | Interchange Control Number | M | NO | (9/9) | Must be the same as the value sent in the following IEA02 | To Blue Shield: Must be a unique sequential number that does not repeat within a 180-day period. From Blue Shield: In responses to 270 transactions, the value sent to Blue Shield in the ISA13. Otherwise, an Blue Shield assigned unique sequential number that does not repeat within a 180-day period. |
| ISA14 | Interchange Acknowledgment Accepted | M | ID | (1/1) | 0=No interchange ACK requested. 1=Interchange ACK requested | To Blue Shield: in 270 transactions: Must be 0. |
| ISA15 | Usage Indicator | M | ID | (1/1) | T=Test P=Production | T=Test P=Production |
| ISA16 | Component Element Separator (also referred to as "sub-element separator") | M | n/a | (1/1) | The value used as Component Element Separator must not be present for any other reason within any data element in the transaction. | To Blue Shield: The value that is used as the component element separator in the transaction following this ISA segment. From Blue Shield: In responses to 270 transactions, the value sent to Blue Shield is the ISA16. |

There are several things you can use for the sender ID, as outlined in the HIPAA Implementation Guides. A summary of those guidelines is included here for your perusal.

The qualifier that designates the type of the sender ID is sent in the ISA05 and can be one of the following:

- 01=Duns (Dun & Bradstreet)
- 14=Duns plus suffix
- 20=Health Industry Number (HIN)
- 17=Carrier Identification Number as assigned by CMS
- 29=Fiscal Intermediary Number as assigned by CMS
- 30=US Federal Tax ID
- 33=NAIC Code
- ZZ=Mutually Defined

IEA-Interchange Control Trailer

The Interchange Control Trailer (IEA) is the last record of the entire Interchange. Every X12 Interchange must end with an IEA segment.

Example: IEA*1*000000905~

The purpose is to define the end of the interchange of zero or more functional groups and interchange-related control segments.

Table:

| Seg/Fld | Name | Req | Type | Min/Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|-----------------------------|-----|------|---------|--|------------------------------------|
| IEA01 | Number of Functional Groups | M | NO | (1/5) | The total number of functional groups (GS-GE) contained in the interchange (ISA-IEA) | As required by standard |
| IEA02 | Interchange control number | M | NO | (9/9) | Must be the same as the value sent in the proceeding ISA13. | As required by standard |

6.2 GS-GE-Functional Group Header

The Functional Group Header (GS) is the first record of an entire Functional Group. Every X12 Functional Group must begin with a GS segment.

GS Example: GS*HS*SENDER CODE*RECEIVER CODE*19971001*0802*1*X*005010X092~

GS Purpose: To indicate the beginning of the functional group and to provide control information.

Table:

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|---------------------------|-----|------|---------|--|---|
| GS01 | Functional ID Code | M | ID | (2/2) | FA=999; Functional ACK HS=270; Eligibility/Coverage/Bene Inquiry HB=271; Eligibility Response/Information. | Must reflect the transaction being submitted within the Functional Group. |
| GS02 | Application Sender's Code | M | AN | (2/15) | | To Blue Shield: Send the value entered as your Submitter Id on the Registration or Settings page, left justified. From Blue Shield: In responses to 270 transactions, the value sent to Blue Shield in the GS03. Otherwise, the value entered as your Submitter ID on the Registration or Settings page. |

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|----------------------------------|-----|------|---------|---|--|
| GS03 | Application Receiver's Code | M | AN | (2/15) | | To Blue Shield: Must reflect the transaction being submitted within the Functional Group using the values listed below. Eligibility: 270-940360524. All other transactions: Send the value 940360524 (the value also sent in the ISA08, without trailing spaces). From Blue Shield: In responses to 270 transactions, the value sent to Blue Shield in the GS02. |
| GS04 | Date | M | DT | (8/8) | Format=CCYYMMDD | Date from sending system. |
| GS05 | Time | M | TM | (4/8) | Format=HHMM | Time from sending system using 24 hour format; e.g., for 1 PM, use 1300. From Blue Shield, this will be EST. |
| GS06 | Group Control Number | M | NO | (1/9) | Must be equal to the value sent in the following GE02 | A number assigned by the sender that is unique to each functional group within this interchange. |
| GS07 | Responsible Agency Code | M | ID | (1/2) | X=ASC X12 | X |
| GS08 | Version/Release/Industry ID Code | M | AN | (1/12) | 005010=999 00501X092A1=270/271 | Must reflect the transaction being submitted within the Functional Group using the values listed to the left. |

GE-Functional Group Trailer

The Functional Group Trailer (GE) is the last record of an entire Functional Group. Every X12 Functional Group must end with a GE Segment.

Example: GE*1*1~

Purpose: To indicate the end of a functional group and to provide control information.

Table:

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|-------------------------------------|-----|------|---------|--|------------------------------------|
| GE01 | Number of Transaction Sets Included | M | NO | (1/6) | The total number of transaction sets (ST-SE) contained in the Functional Group (GS-GE) | As required by standard |
| GE02 | Group Control Number | M | NO | (9/9) | Must be the same as the value sent in the preceding GS06. | As required by standard |

6.3 ST-SE Transaction Set Header

The Transaction Set Header (ST) is the first record of an entire Transaction Set. Every X12 Transaction set must begin with an ST Segment.

Example: ST*999*1234~

The purpose for this is to indicate the start of a transaction set and assign a control number.

Set Notes:

- These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.
- The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application senders code and the application receiver's code, take from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receivers code to one application senders code.
- There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

Table:

| Seg Fld | Name | Req | Type | Min Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|--------------------------------|-----|------|---------|--|------------------------------------|
| ST01 | Transaction Set ID Code | M | ID | (3/3) | 999: Functional Acknowledgment 270: Eligibility/Coverage/Benefit Inquiry 271: Eligibility Response/Information | As required by standard |
| ST01 | Transaction Set Control Number | M | AN | (4/9) | Must be the same as the value sent in the following SE02 | As required by standard |

SE-Transaction Set Trailer: The Transaction Set Trailer (SE) is the last record of an entire Transaction Set. Every X12 Transaction Set must end with an SE Segment.

This purpose for this is to indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Example: SE*27*1234~

Table:

| Seg/Fld | Name | Req | Type | Min/Max | Values allowed by X12 Standards | Values to be used with Blue Shield |
|---------|--------------------------------|-----|------|---------|--|------------------------------------|
| SE01 | Number of Segments Included | M | NO | (1/10) | The total number of segments contained in the transaction set (ST-SE), including the ST and SE segments. | As required by standard |
| SE02 | Transaction Set Control Number | M | AN | (4/9) | Must be the same as the value sent in the preceding ST02 | As required by standard |

7. Payer-specific business rules and limitations

The purpose of this section is to delineate specific data requirements where multiple valid values are presented.

Service Type Codes Returned on 271 Response:

Please refer to Section 11 Appendices for the list of service types supported by Blue Shield. Requested service types other than the ones listed will result in a default response in the 271. The default service type is 30. Please review service type 30 in Section 11 Appendices for clarification.

Federally Mandated Grace Period for Health Insurance Exchanges (HIX):

When Blue Shield of California receives a 270 eligibility/benefit request transaction for an HIX APTC member with a policy that is pending for premium payment, the provider will receive a 271 transaction response as follows:

- **First month of the grace period:** eligibility status response message indicates:
Loop 2110C or 2110D, EB01= 1 "Active" on the 271 response
- **Second and third months of the grace period** = eligibility status response message indicates:
 - Loop 2110C or 2110D, EB01= 5 "Active - Pending Investigation"
 - Loop 2100C or 2100D, DTP01 = "343" (Premium Paid to Date End). DTP03 = Date for which premium is paid through (last day of coverage for which a premium payment has been received).
 - Loop 2110C or 2110D, DTP01 = "193" (Period Start). DTP03 = the first day of the first month of the extended grace period. This is the first day of second month of grace period.
 - Loop 2110C or 2110D, DTP01 = "194" (Period End). DTP03 = the last day of the third month of the grace period.
 - Loop 2110C or 2110D, MSG01 = "HIX GRACE PERIOD - Subsidized member's eligibility is suspended due to nonpayment of premiums. Processing of claims will resume once premiums are current, or claims will be denied at end of the grace period."

271 Claim Routing Messaging

Blue Shield 271 response returns a routing message so California Providers know whom to bill.

Providers in California are often confused if they should submit their out-of-state BlueCard or commercial claims to Blue Shield of California or Anthem Blue Cross. To eliminate claim rejections (claim sent to wrong CA Blue) it's best practice for the Provider to know which plan to bill prior to claim submission.

Messaging will appear in following loop and segments on the 271 response:

- In loop 2110C/D after the first EB segment where EB01 = 1 or 5 (Active)
- Added new segments -
 - 2110C/D EB01 = W (Other Source of Data)
 - 2110C/D MSG
 - 2120 NM1 where NM101 = "OC" (Origin Carrier)

271 examples:

EB*1*FAM*30*PR*BASIC PPO JAN14~

EB*W~

MSG* California Providers Only – You may submit claims to Blue Shield of CA"

LS*2120~

NM1*OC*1*Blue Shield of California~

LE*2120~

EB*1*FAM*30*PR*BASIC PPO JAN14~

EB*W~

MSG* California Providers Only – For this specific member's plan please submit claims to Anthem Blue Cross of CA"

LS*2120~

NM1*OC*1*Blue Cross of California~

LE*2120~

Please note: Segment 2120 is removed when reporting where to send Blue Shield of California local claims.

Example:

EB*1*FAM*30*PR*BASIC PPO JAN14~

EB*W~

MSG* [California Providers Only - Please submit claims to Blue Shield of CA](#)

Please note:

- It is highly recommended the 271 routing messages above be displayed so both commercial and out-of state BlueCard claims are correctly submitted for adjudication.
- The 271 messaging when member enrollment is loaded ahead of 270/271 benefit configuration being completed within the Blue Shield of CA source system.

EDI 270/271 Eligibility and Benefit date range:

- Blue Shield of California has an ability to process the EDI 270 Eligibility and Benefit request for up to the past two years or 180 days in the future date range.
- For example: If today's date is 01/01/2018, then Blue Shield of California will be able to respond to the EDI 270 request from 01/01/2016 to 180 days from now (06/30/2018). If the inquiry date is not within two years past or 180 days in the future range, then Blue Shield will return a AAA03="62" (Date of Service Not Within Allowable Inquiry Period) in loop 2100C/D.

8. Acknowledgements and reports - Reports inventory

The purpose of this section is to outline the Blue Shield processes for handling the initial processing of incoming files and electronic acknowledgments.

TA1 Interchange Acknowledgment Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed. No TA1 response transaction will be sent for error-free files.

999 Functional Acknowledgment Transaction

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASCX12 syntax and HIPAA compliance errors. When the compliance check is completed, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within the functional group (GS-GE, the entire functional group (GS-GE) will be rejected when an ASCX12 or HIPPA compliance error is found.

9. Transaction-specific information

Please reference Section 10-Appendices: Blue Shield 270/271 Companion Guides (BSC-270-5010A1-CG/BSC- 271-5010A1-CG).

10. Appendices

Attachment: Blue Shield 270-271 Service Type Codes

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|---|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|---|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 1 Medical Care | 1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable medical equipment*** | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits ***For these codes, return Active/Non- active Covered only. | X | | X | X | X | X | X | X | X | | | X For more detail, refer to the Response Formatting Matrix. | |
| 2.Surgical | 2 Surgical 7 Anesthesia 8 Surgical assistance 20 Second Surgical Opinion | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 3 Consultation | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable See Baseline for more information | | X | | | | | | | | | | | X |
| 4 Diagnostic X-ray | | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 5 Diagnostic Lab | 5. Diagnostic Lab | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 6 Radiation Therapy | 6 Radiation Therapy | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 7 Anesthesia | 7 Anesthesia | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 8 Surgical Assistance | 8 Surgical Assistance | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 9 Other Medical | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 10 Blood Changes | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 11 Used Durable Medical Equipment | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|--|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 12 Durable Medical Equipment Purchase | 12 Durable Medical Equipment Purchase | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 13 Ambulatory Service Center Facility | 13 Ambulatory Service Center Facility | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | | | | | | | | | | | |
| 14 Renal Supplies in the home | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 15 Alternate Method Dialysis | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 16 Chronic Renal Disease (CRD) Equipment | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 17 Pre-admission Testing | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 18 Durable Medical Equipment Rental | 18 Durable Medical Equipment Rental | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 19 Pneumonia | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 20 Second Surgical Opinion | 20 Second Surgical Opinion | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 21 Third Surgical Opinion | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 22 Social Work | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 23 Diagnostic Dental | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 24 Periodontics | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 25 Restorative | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|-------------------------------------|---|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|---|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 26 Endodontic | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 27 Maxillofacial Prosthetics | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 28 Adjunctive Dental Services | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 30 Health Benefit Coverage | 1 Medical Care *** 33 Chiropractic 35 Dental Care*** 47 Hospital 48 Hospital Inpatient 50 Hospital Outpatient 51 Hospital- Emergency Accident 52 Hospital- Emergency Medical 86 Emergency Services 88 Pharmacy**** 98 Professional Visit Office: Physician MSG01="SPECIALIST" AL Vision/Optometry**** BZ Professional Visit Office: Well MH Mental Health*** UC Urgent Care | Co-insurance Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits Benefit Limits Place of Service Returning ADDITIONAL SERV TYPES ARE PROHIBITED ***For these codes return Active Only. Do not return Liability Omit if non-covered. ****For these codes return Active at a minimum Omit if non-covered | X | | X | X | X | X | | X | X | | | X For more detail, refer to the Response Formatting Matrix. | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|----------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 32 Plan Waiting Period | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 33 Chiropractic | 4 Diagnostic X-ray | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 34 Chiropractic Office Visits | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 35 Dental Care | Not required to support. If don't support, and member active, respond as required by baseline | | X | | | | | | | | | X | | | |
| 36 Dental Crowns | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 37 Dental Accident | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 38 Orthodontics | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 39 Prosthodontics | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|-----------------------------------|---|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 40 Oral Surgery | 40 Oral Surgery | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 41 Routine (Preventive) Dental | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 42 Home Health Care | 42 Home Health Care A3 Professional (Physician) Visit- Home | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 43 Home Health Prescriptions | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 44 Home Health Visits | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 45 Hospice | 45 Hospice | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|-----------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|---|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 46 Respite Care | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 47 Hospital | 47 Hospital 51 Hospital- Emergency Accident 52 – Hospital- Emergency Medical 53 Hospital Ambulatory Surgical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | X For more detail, refer to the Response Formatting Matrix. | |
| 48 Hospital Inpatient | 48 Hospital-Inpatient 99 Professional (Physician) visit- Inpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 49 Hospital Room and Board | 49 Hospital-Inpatient 99 Professional (Physician) Visit- Inpatient | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 50 Hospital Outpatient | 50 Hospital Outpatient 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical A0 Professional (Physician) Visit - Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 51 Hospital Emergency Accident | 51 Hospital- Emergency Accident | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|---|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 52 Hospital Emergency Medical | 52 Hospital- Emergency Medical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 53 Hospital Ambulatory Surgical | 53 Hospital- Ambulatory Surgical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 54 Long-term Care | Not required to support. If don't support and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 55 Major Medical | Not required to support. If don't support and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 56 Medically Related Transportation | Not required to support. If don't support and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 57 Air Transportation | Not required to support. If don't support and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 58 Cabulance | Not required to support. If don't support and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 59 Licensed Ambulance | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 60 General Benefits | 60 General Benefits | Active/Non-covered only | X | | | | | | | | | | X | | |
| 61 In-vitro Fertilization | 61 In-vitro Fertilization | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 62 MRI/CT Scan | 62 MRI/CT Scan | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 63 Donor Procedures | 63 Donor Procedures | Not applicable. See baseline for more information | | X | | | | | | | | | | | X |
| 64 Acupuncture | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 65 Newborn Care | 65 Newborn Care | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 66 Pathology | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 67 Smoking Cessation | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 68 Well Baby Care | 68 Well Baby Care 80 Immunizations BH - Pediatric | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 69 Maternity | 69 Maternity | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 70 Transplants | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 71 Audiology Exam | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 72 Inhalation Therapy | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 73 Diagnostic Medical | 73 Diagnostic Medical 4 Diagnostic X-ray 5 Diagnostic Lab 62 MRI/CT Scan | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 74 Private Duty Nursing | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | x |
| 75 Prosthetic Device | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | x |
| 76 Dialysis | 76 Dialysis | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 77 Otological Exam | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 78 Chemotherapy | 78 Chemotherapy | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 79 Allergy Testing | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 80 Immunizations | 80 Immunizations | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 81 Routine Physical | 81 Routine Physical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 82 Family Planning | 82 Family Planning | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 83 Infertility | 83 Infertility 61 In-vitro Fertilization | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 84 Abortion | 84 Abortion | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---------------------------------------|---|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 85 AIDS | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | x |
| 86 Emergency Services | 86 Emergency Services 51 Hospital- Emergency Accident 52 Hospital- Emergency Medical 98 Professional (Physician) Visit- Office | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 87 Cancer | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | |
| 88 Pharmacy | 88 Pharmacy | Active/Inactive (at Minimum) | X | | | | | | | | | X | | | |
| 89 Free Standing Prescription Drug | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 90 Mail Order Prescription Drug | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 91 Brand Name Prescription Drug | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 92 Generic Prescription Drug | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|--|---|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 93 Podiatry | 93 Podiatry | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| 94 Podiatry Office Visits | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 95 Professional (Physician) | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 96 Professional (Physician) | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 97 Anesthesiologist | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| 98 Professional (Physician) Visit Office | 98 Professional (Physician) Visit Office BZ Professional Visit Office: Well 98 Professional (Physician) Visit- Office with MSG01="SPECIALIST" | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| 99 Professional (Physician) Visit Inpatient | 99 Professional (Physician) Visit Inpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| A0 Professional (Physician) Visit Outpatient | A0 Professional (Physician) Visit Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| A1 Professional (Physician) Visit Nursing Home | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| A2 Professional (Physician) Visit Skilled Nursing Facility | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| A3 Professional (Physician) Visit Home | A3 Professional (Physician) Visit Home | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| A4 Psychiatric | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| A5 Psychiatric Room and Board | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|----------------------------------|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| A6 Psychotherapy | A6 Psychotherapy | ***For these codes, return Active/Non-covered at a minimum | X | | | | | | | | | X | | | |
| A7 Psychiatric Inpatient | A7 Psychiatric Inpatient*** | ***For these codes, return Active/Non-covered at a minimum | X | | | | | | | | | X | | | X |
| A8 Psychiatric Outpatient | A8 Psychiatric Outpatient*** | ***For these codes, return Active/Non-covered at a minimum | X | | | | | | | | | X | | | X |
| A9 Rehabilitation | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AA Rehabilitation Room and Board | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AB Rehabilitation Inpatient | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AC Rehabilitation Outpatient | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AD Occupational Therapy | AD Occupational Therapy | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| AE Physical Medicine | AE Physical Medicine | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | X |
| AF Speech Therapy | AF Speech Therapy | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| AG Skilled Nursing Care | AG Skilled Nursing Care | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| AH Skilled Nursing Care Room and Board | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AI Substance Abuse | AI Substance Abuse | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| AJ Alcoholism | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|--|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| AK Drug Addiction | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AL Vision (Optometry) | AL Vision (Optometry) | Active/Inactive (at Minimum) | X | | | | | | | | | X | | | |
| AM Frames | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AN Routine Exam | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AO Lenses | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AQ Non-Medically Necessary Physical | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| AR Experimental Drug Therapy | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BA Independent Medical Evaluation | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BB Partial Hospitalization (Psychiatric) | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|--------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| BC Day Care (Psychiatric) | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BD Cognitive Therapy | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BE Massage Therapy | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BF Pulmonary Rehabilitation | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BG Cardiac Rehabilitation | BG Cardiac Rehabilitation | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| BH Pediatric | BH Pediatric | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| BI Nursery | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|------------------------------|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| BJ Skin | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BK Orthopedic | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BL Cardiac | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BM Lymphatic | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BN Gastrointestinal | Not required to support. If don't support and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BP Endocrine | Not required to support. If don't support and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BQ Neurology | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BR Eye | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| BS Invasive Procedures | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| B1 Burn Care | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| B2 Brand Name Prescription Drug - Formulary | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| B3 Brand Name Prescription Drug Non-formulary | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BT Gynecological | BT Gynecological | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| BU Obstetrical | BU Obstetrical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| BV Obstetrical/ Gynecological | BV Obstetrical/ Gynecological*** BT Gynecological BU Obstetrical | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits ***For this code, only return Active/Non- covered. | X | | X | X | X | X | X | X | X | | | | |
| BW Mail Order Prescription Drug Drug Name | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BX Mail Order Prescription Drug Generic | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| BY Physician Visit Office - Sick | BY Physician Visit Office - Sick | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| BZ Physician Visit Office - Well | BZ Physician Visit Office - Well | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| CI Coronary Care | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CA Private Duty Nursing - Inpatient | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CB Private Duty Nursing - Home | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CC Surgical Benefits Professional (Physician) | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CD Surgical Benefits Facility | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CE MH Provider Inpatient | CE MH Provider Inpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CF HM Provider Outpatient | CF HM Provider Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| CG MH Provider Facility Inpatient | CG MH Provider Facility Inpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CH MH Provider Facility Outpatient | CH MH Provider Facility Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CI Substance Abuse Facility Inpatient | CI Substance Abuse Facility Inpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CJ Substance Abuse Facility Outpatient | CJ Substance Abuse Facility Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CK Screening X-ray | CK Screening X-ray | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | | | | | |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|--|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| CL Screening Laboratory | CL Screening Laboratory | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CM Mammogram HR Patient | CM Mammogram HR Patient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CN Mammogram LR Patient | CN Mammogram LR Patient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CO Flu Vaccination | CO Flu Vaccination | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| CP Eye Wear and Eye Wear Associates | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| CQ Case Management | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|--|---|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| DG Dermatology | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| DM Durable Medical Equipment | DM Durable Medical Equipment*** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits ***For this code, only return Active/non-covered | X | | X | X | X | X | X | X | X | | | | |
| DS Diabetic Supplies | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| GF Generic Prescription Drug Formulary | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| GN Generic Prescription Drug Non-Formulary | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| GY Allergy | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| IC Intensive Care | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|-------------------------------|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| MH Mental Health | MH Mental Health*** CE MH Provider- Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits ***For this code, only return Active/non- covered | X | | X | X | X | X | X | X | X | | | | |
| NI Neonatal Intensive Care | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| ON Oncology | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| PT Physical Therapy | PT Physical Therapy | Co-insurance, Deductible Co-pay Benefit Limits Place of Service, Accumulated Benefits | X | | X | X | X | X | X | X | X | | | | |
| PU Pulmonary | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| RN Renal | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |

Blue Shield 270-271 Service Type Codes

| 270 | 271 | | 271 | | 271 | | | | | | | | | | |
|---|--|---|----------------------|------------------|--------------------------------------|------------------|------------|-------------------------|------------------------|---------------------|-------------------------|---------------------------------------|------------------------------------|-----------|-----------------|
| Provider Requests | Provider Receives *Home Licensee Response | | Home Must Respond | | Home Patient Liability Type Required | | | | | | | | | | |
| EQ01 Service Type Request | EB03 Service Type(s) Response | Liability Summary | Required | Non- Required | Co-pay | Co- insurance | Deductible | Accumulated Benefits | Benefit Limitations | Place of Service | Out of Pocket Max | Active/ Non- covered MINIMUM | Active/ Non- Covered ONLY | EXCEPTION | Not Required |
| RT Residential Psychiatric Treatment | Not required to support. If don't support, and member active, respond as required by baseline. | Not applicable. See baseline for more information. | | X | | | | | | | | | | | X |
| TC Transitional Care | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information | | X | | | | | | | | | | | X |
| TN Transitional Nursery Care | Not required to support. If don't support, and member active, respond as required by baseline | Not applicable. See baseline for more information | | X | | | | | | | | | | | X |
| UC Urgent Care | UC Urgent Care | Co-insurance, Deductible, Co-pay, Benefit Limits, Place of Service Accumulators | X | | X | X | X | X | X | X | X | | | | |

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