



**Centers for Medicare & Medicaid Services  
Office of Information Services  
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**Health Insurance Portability and Accountability Act  
(HIPAA) Eligibility Transaction System  
HETS 270/271**

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**R2014Q100 Release Summary**

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## **R2014Q100 HETS 270/271 Release**

### **Summary of Impact on Trading Partners**

The purpose of this summary document is to inform submitters of upcoming changes to the HIPAA Eligibility Transaction System (HETS) 270/271 application. The R2014Q100 HETS release will address adding and modifying data elements for the HETS 270/271 application. Please refer to the following details for additional information.

This release includes the following changes to the 271 response:

- New Home Health and Hospice (HH+H) Region Contractor Numbers
- Returning the Total Number of Hospice Occurrences
- Returning Psychiatric Benefit Data
- Changes to Hospital EB03 Data Element
- Changes to Part B Plan Level Co-Insurance Data
- Returning the coverage status of requested STCs when future year rates are not available
- Responding to requests for Preventive Services related to Bone Density

#### **1 New HH+H Region Contractor Numbers**

The HETS 270/271 application is being modified to return four new HH+H contractor numbers issued for National Government Services, Inc. (NGS) and associated with Home Health Benefit Periods.

- 06001
- 06004
- 06014
- 14014

A 2120C NM1 segment will not be returned on the 271 response for any of the above contractor numbers prior to the implementation of the R2014Q100 release.

#### **2 Total Number of Hospice Occurrences**

The HETS 270/271 application is being modified to return the total number of Hospice occurrences on a 271 response whenever STC 45 is requested on the 270.

The total number of Hospice occurrences will be returned in a separate 2110C Loop on the 271 response and will be returned on the 271 response whenever STC 45 is requested on the 270 regardless of:

- The beneficiary's Part A eligibility for the requested date or date range(s)

- The presence or absence of Hospice benefit period data for the beneficiary returned on the 271 response

Example segment to be added to the 271 response when STC 45 is requested and the beneficiary has had one Hospice benefit period since being covered by Medicare:

EB\*D\*\*45\*MA\*\*26\*\*\*99\*1~ (EB10=Hospice Occurrence Count)

### 3 Psychiatric Benefit Data

The HETS 270/271 application is being modified to return the following additional data in a separate 2110C Loop on the 271 response:

Lifetime Psychiatric Base Days and Psychiatric Remaining Days when:

- STC A7 is explicitly requested
- The beneficiary is Part A entitled

Hospital Spell data when:

- STC A7 and/or A5 is explicitly requested
- The beneficiary is Part A entitled

Example 271 response for Lifetime Psychiatric Days when STC A7 is requested:

EB\*K\*\*A7\*MA\*\*32\*\*\*DY\*190~ (EB10=Lifetime Psychiatric Base Days)  
EB\*K\*\*A7\*MA\*\*33\*\*\*DY\*180~ (EB10=Lifetime Psychiatric Remaining Days)

Submitters are only permitted to request STC A7 on behalf of Psychiatric/Mental Health professionals and institutions. Compliance will be monitored by CMS.

### 4 Hospital EB03 Data Element Changes

The HETS 270/271 application is being modified to return EB03 = “30” in all Hospital and Lifetime Reserve segments instead of the STC value of “48^49”.

Example excerpts from a current 271 response for Hospital data when STC 47, 48, 49, and/or AG is requested:

EB\*B\*\*48^49\*MA\*\*7\*0~ (Co-Payment Per Day Segment)  
EB\*B\*\*48^49\*MA\*\*7\*283~ (Co-Payment Per Day Segment)  
EB\*K\*\*48^49\*MA\*\*32\*\*\*DY\*60~ (Part A Lifetime Reserve Days Base Segment)  
EB\*K\*\*48^49\*MA\*\*33\*\*\*DY\*60~ (Part A Lifetime Reserve Days Remaining Segment)  
EB\*K\*\*48^49\*MA\*\*7\*578~ (Lifetime Reserve Co-Payment Per Day Segment)

Example excerpts from a HETS 2014Q100 271 response for Hospital data when STC 47, 48, 49, AG, A5 and/or A7 is requested:

EB\*B\*\*30\*MA\*\*7\*0~ (Co-Payment Per Day Segment)  
EB\*B\*\*30\*MA\*\*7\*283~ (Co-Payment Per Day Segment)  
EB\*K\*\*30\*MA\*\*32\*\*\*DY\*60~ (Part A Lifetime Reserve Days Base Segment)  
EB\*K\*\*30\*MA\*\*33\*\*\*DY\*60~ (Part A Lifetime Reserve Days Remaining Segment)  
EB\*K\*\*30\*MA\*\*7\*578~ (Part A Lifetime Reserve Co-Payment Per Day Segment)

## 5 Changes to Part B Plan Level Co-Insurance

A separate EB Loop will be returned if the Co-Insurance percentage for an STC is different than the Plan Level Co-Insurance percentage. Additional details are listed in section 5.1 and 5.2. In addition the value returned in EB03 is changing for the Plan Level Part B Co-Insurance segment. Refer to section 5.3 for more details.

### 5.1 Part B Free Services Additional Co-Insurance Loop

The HETS 270/271 application is being modified to return an additional Co-Insurance Loop for Free Part B services. The new Co-Insurance Loop will be sent in a separate 2110C Loop when:

- The beneficiary is Part B entitled
- STCs 5, 42, 67, and/or AJ are explicitly requested
- STC 1 is requested (component STC 42 is returned)
- STC 30 is requested (component STCs 42, 67 and AJ are returned)
- STC MH is requested (component STCs 67 and AJ are returned)
- HETS responds as if STC 30 was requested when any of the following conditions exists on the 270 request:
  - No STC is requested
  - A requested STC is not supported by HETS
  - A requested HCPCS code is not supported by HETS

Example 271 response for Plan Level and Free Part B Co-Insurance Loop:

EB\*A\*\*30\*MB\*\*27\*\*2~ (EB08 = Plan Level Co-Insurance Percentage)  
DTP\*291\*RD8\*20130101-20131231~  
EB\*A\*\*5^42^67^AJ\*MB\*\*27\*\*0~ (EB08 = 0% Co-Insurance)  
DTP\*292\*RD8\*20130101-20131231~

### 5.2 Co-Insurance Returned for Mental Health STCs

The HETS 270/271 application is being modified to return Co-Insurance for Mental Health (MH) STCs. The new Mental Health Co-Insurance percentage will be sent in a separate 2110C Loop when:

- The MH Co-Insurance percentage is different than the Plan Level Co-Insurance
- The beneficiary is Part B entitled
- STCs A4, A6, A8, AI, and/or AK are explicitly requested

- The requested STC is MH and/or 30 (component STCs A4, A6, A8, AI, and/or AK is returned)
- HETS responds as if STC 30 was requested when any of the following conditions exist on the 270 request:
  - No STC is requested
  - A requested STC is not supported by HETS
  - A requested HCPCS code is not supported by HETS

Example 271 response for Plan Level and Mental Health Co-Insurance when STC MH is requested:

```
EB*A**30*MB**27**2~ (EB08 = Plan Level Co-Insurance Percentage)
DTP*291*RD8*20130101-20131231~
EB*A**67^AJ*MB**27**0~ (EB08 = 0% Co-Insurance)
DTP*292*RD8*20130101-20131231~
EB*A**A4^A6^A8^AI^AK*MB**27**35~ (EB08 = Mental Health Co-Insurance
Percentage if different than the Plan Level)
DTP*292*RD8*20130101-20131231~
```

### 5.3 Co-Insurance EB03 Data Element Changes

The HETS 270/271 application is being modified to return EB03 = “30” in the Plan Level Co-Insurance segment(s) instead of returning the individual Part B STCs applicable to the 20% Co-Insurance. As part of this change, the DTP01 value for the Plan Level Co-Insurance is also being modified to return DTP01 = ‘291’ instead of ‘292’.

If the Co-Insurance percentage for an STC is different than the Plan Level Co-Insurance percentage, those STCs will continue to be sent in a separate loop with the applicable percentage and the DTP01 = ‘292’.

Example 271 response for the current Part B Co-Insurance Loop:

```
EB*A**2^3^23^24^25^26^27^28^33^36^37^38^39^40^50^51^52^53^69^73^76^83^86
^98^AL^BT^BU^BV^DM^UC *MB**27**2~ (EB08 = Plan Level Co-Insurance
Percentage)
DTP*292*RD8*20130101-20131231~
```

Example 271 response for HETS 2014Q100 Part B Co-Insurance Loop:

```
EB*A**30*MB**27**2~ (EB08 = Plan Level Co-Insurance Percentage)
DTP*291*RD8*20130101-20131231~
```

## **6 Returning the coverage status of requested STCs when future year rates are not available**

The HETS 270/271 application must return the coverage status for every requested STC that is supported by CMS. Therefore the 271 response is being modified to return the coverage status of requested STCs, or their associated components, when both of the following are true:

- the Medicare deductible, copayment and coinsurance rates for the future calendar year are not available
- the requested date range of a 270 overlaps or is within the future calendar year

Please refer to the Data Issues log located on HETSHelp using the following link:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/DataIssues.pdf>

## **7 Responding to requests for Preventive Services related to Bone Density**

Effective with the R2014Q100 release, the HETS 270/271 application is being modified to support requests for Preventive Services related to Bone Density. If the one or more of the following five HCPCS codes, now supported by HETS, are specifically requested on the 270, the applicable next eligible date and associated deductible and coinsurance information will be returned as described in Section 7.1.

- 76977- Ultrasound Bone Density Measurement and Interpretation
- 77078- Computed Tomography Bone Mineral Density Study
- 77080 – Dual Energy X-ray Absorptiometry (DXA) Bone Density Study; axial skeleton
- 77081 – DXA Bone Density Study; appendicular skeleton
- G0130 - Single Energy X-ray Study

Eligibility data will be returned for these five Bone Density HCPCS codes, as it is for all existing Preventive Services supported by HETS, based on the following rules:

- One or more of the HCPCS codes from the above list must be specifically submitted on the 270 request.
- The procedure modifier value in EQ02-3 of the 2110C Loop will be ignored if received on a 270 request.
- To receive the next eligible date and associated deductible and coinsurance information, the beneficiary must have Part B entitlement and no date of death on file on the day that the 270 request is received
- If the HCPCS code technical and professional component next eligible dates are different, the 271 response will include a separate 2110C Loop for each.

The eligibility data will be returned in the following format:

**Same next eligible date for both technical and professional**

EB\*D\*\*\*MB\*\*\*\*\*HC|76977~ (EB13-2 = HCPCS Code)  
DTP\*348\*D8\*20141101~ (DTP03 = Next Eligible Date)

**When only a professional date is returned or when professional and technical dates differ**

EB\*D\*\*\*MB\*\*\*\*\*HC|76977|26~ (EB13-2 = HCPCS Code)  
DTP\*348\*D8\*20141101~ (DTP03 = Next Eligible Professional Date)

**When only a technical date is returned or when professional or technical dates differ**

EB\*D\*\*\*MB\*\*\*\*\*HC|76977|TC~ (EB13-2 = HCPCS Code, EB13-3= Modifier)  
DTP\*348\*D8\*20141101~ (DTP03 = Next Eligible Technical Date)

**7.1 Return the Current Year Part B Financial Liability for Bone Density HCPCS Codes**

The HETS 270/271 application is being modified to return the current year Part B patient liability for supported Bone Density HCPCS codes based on the following rules:

- The HCPCS code submitted on the 270 request is one of the HCPCS codes listed in Section 7.
- The HCPCS code technical or professional next eligible date year for the requested HCPCS code must be prior to or within the current year. The current year is determined by the year of the system date on which the 270 request is received by HETS.
- The beneficiary's Part B deductible and coinsurance percentage will be returned for each requested HCPCS code.

The financial data will be returned in a separate 2110C Loop in the following format:

**Part B deductible and coinsurance are waived:**

Part B Deductible amount:

EB\*C\*\*\*MB\*\*23\*0\*\*\*\*\*HC|76977~ (EB07 = Deductible Amount, EB13-2 = HCPCS Code)  
DTP\*292\*RD8\*20140101-20141231~ (Year in DTP03 = the calendar year of the system date on which the 270 request was received)

Part B Coinsurance percentage:

EB\*A\*\*\*MB\*\*27\*\*0\*\*\*\*\*HC|76977~ (EB08 = Coinsurance waived, EB13-2 = HCPCS Code)  
DTP\*292\*RD8\*201430101-20141231~ (Year in DTP03 = the calendar year of the system date on which the 270 request was received)