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HIPAA Eligibility Transaction System (HETS)
Health Care Eligibility Benefit Inquiry and Response (270/271)
5010 Companion Guide

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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Provider Medicare Beneficiary eligibility transaction is to be used for conducting Medicare business only.

The 271 response returned by the HETS 270/271 application should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all health benefit plan terms, limits, conditions, exclusions, and the member's eligibility at the time services are rendered.

Preface

This *Companion Guide* to the ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response and the ASC X12C/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) Technical Report Type 3 (TR3), adopted under HIPAA, clarifies and specifies the data content when exchanging Medicare Beneficiary eligibility data electronically with CMS utilizing the HIPAA Eligibility Transaction System (HETS) 270/271 application. Transmissions based on this *Companion Guide*, used in tandem with the previously referenced TR3s, are compliant with both X12 syntax and the TR3.

This *Companion Guide* is intended to convey information that is within the framework of the TR3s adopted for use under HIPAA. This *Companion Guide* is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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1 Introduction

1.1 Scope

This document defines the Medicare eligibility request sent from Medicare-authorized Trading Partners and the corresponding response from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) 270/271 application. To implement the HIPAA administrative simplification provisions, the 270/271 transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Eligibility Benefit Inquiry/Response.

The HETS 270/271 application supports the ASC X12 270/271 version 005010X279A1 and the ASC X12 999 version 005010X231A1 TR3s that can be obtained via the following web site: https://www.x12.org/products/licensing-program. The 270 request and the 271 response are "paired" transactions. The 270 is an inbound eligibility request whereas the 271 is an outbound eligibility response.

This *Companion Guide* has two purposes. The first purpose is to educate the user on how to access the HETS 270/271 application. The second purpose is to educate the user on how to send eligibility requests and interpret responses, using the 270/271 formats, as they relate to the applicable Medicare required business rules and information.

1.2 Application Overview

The HETS 270/271 application provides access to Medicare Beneficiary eligibility data in a real-time environment. Providers, Clearinghouses, and/or Third-Party Vendors, herein referred to as “Trading Partners,” may initiate a real-time 270 request to query coverage information from Medicare on patients for whom services are scheduled or have already been delivered. In real-time mode, the Trading Partner transmits a 270 request and remains connected while the receiver processes the transaction and returns a 271 response.

The HETS 270/271 application is virtually located at a secure U.S. government high availability environment. To transmit data with CMS, Trading Partners may connect to the HETS 270/271 application via the CMS Extranet, which is a secure closed private network, or via the internet using a digital certificate. Trading Partners must not send User IDs and passwords within the 270 request transaction.

For a real-time 270 request, the HETS 270/271 application translates the incoming 270 request, performs validations, requests Medicare Beneficiary eligibility data from the CMS eligibility database, and creates either an Eligibility Response (271), an Implementation Acknowledgement (999), an Interchange Acknowledgement (TA1), or a proprietary error response.

The information included in the 271 response is not intended to provide a complete representation of all benefits, but rather to address the status of eligibility (active or

inactive) and patient financial responsibility for Medicare Part A and Part B. Additionally, the 271 response returned by the HETS 270/271 application should not be interpreted as a guarantee of payment.

The data included in a 271 response file is to be considered true and accurate only at the time of the transaction. Questions regarding eligibility/benefit data for Medicare Part A and Part B should be directed to the appropriate regional Medicare Administrative Contractor (MAC). Eligibility/benefit questions about Medicare Advantage (MA), Part D, and Medicare Secondary Payer (MSP) should be directed to the appropriate plan(s) identified in the 271 response. Eligibility/benefit questions about Qualified Medicare Beneficiary (QMB) eligibility should be directed to the State online Medicaid eligibility systems or other documentation, including Medicaid Identification cards and documents issued by the State proving the patient qualifies for the QMB program.

1.3 References

The ASC X12 TR3s that detail the full requirements for these transactions can be obtained from the publisher, Washington Publishing Company (WPC) at their website: https://www.x12.org/products/licensing-program.

CMS has published a Medicare Learning Network (MLN) fact sheet that provides an overview as well as tips and recommendations for checking Medicare eligibility. Prospective HETS Submitters should review the fact sheet available online here: https://www.cms.gov/files/document/checking-medicare-eligibility.pdf

The HETS Trading Partner Agreement Form (TPA) to request access to the HETS 270/271 application is available for download from the CMS HETS Help website. Use the following link to display the “How to Get Connected – HETS 270/271” page and to access the TPA: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/HowtoGetConnectedHETS270271.html.

The HETS TPA includes a reference to HETS Rules of Behavior. All parties participating in functions or activities related to any part of a HETS transaction are subject to the HETS Rules of Behavior: https://www.cms.gov/research-statistics-data-and-systems/cms-information-technology/hetshelp/downloads/eligibilitytransactionsysteminquiriesrulesofbehavior.pdf

For more information on the Web Services Communication Protocol Specifications for connecting to the HETS 270/271 application, refer to the HETS Trading Partner SOAP/MIME Connectivity Instructions available online here: https://www.cms.gov/files/document/medicare-hets-270/271-soap/mime-connectivity-guide.pdf.

1.4 Additional Information

CMS is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

It is assumed that the reader of this document is familiar with the ASC X12 270/271 version 005010X279A1 and ASC X12 999 version 005010X231 TR3s and the transaction format and content rules contained within them. This *Companion Guide* is intended to be a complement to the ASC X12 270/271 and 999 TR3 versions noted above and not the sole authoritative source of data.

CMS implemented the HETS 270/271 application following a real-time request/response model (single response per request). The data available in this implementation allows a Provider to verify an individual's Medicare eligibility and benefits. Medicare eligibility data is only to be used for the business of Medicare, such as preparing an accurate Medicare claim or determining eligibility for specific services. The HETS 270/271 application is not a Medicare claims processing or appeals system. Providers' authorized staff members are expected to use and disclose protected health information according to the CMS regulations.

CMS monitors Medicare Beneficiary eligibility inquiries. Trading Partners identified as having aberrant behavior (e.g., high inquiry error rate or high ratio of eligibility inquiries to claims submitted, an excessive number of resubmissions of the same eligibility request in a single day, requesting psychiatric data when the NPI is not a Psychiatric Provider) may be contacted to verify and/or address improper use of the system or, when appropriate, be referred for investigation.

All parties participating in functions or activities related to any part of a HETS transaction are subject to the HETS Rules of Behavior: https://www.cms.gov/research-statistics-data-and-systems/cms-information-technology/hetshelp/downloads/eligibilitytransactionsysteminquiriesrulesofbehavior.pdf

1.4.1 Note to Medicare Providers/Suppliers:

The Medicare Beneficiary should be the first source of health insurance eligibility information. When scheduling a medical appointment for a Medicare Beneficiary, remind them to bring, on the day of their appointment, all health insurance cards showing their health insurance coverage. This will not only help you determine who to bill for services rendered but also give you the proper spelling of the Medicare Beneficiary's first and last name and identify their MBI as reflected on the Medicare Health Insurance card.

If a Medicare card is lost or damaged, go to Medicare.gov for information on obtaining a replacement Medicare card. You'll also find name and address change information.

Railroad retirement Beneficiaries can contact Railroad Medicare to change an address or get a replacement Railroad Medicare card.

2 Getting Started

2.1 Working with the CMS Help Desk

The Medicare Customer Assistance Regarding Eligibility (MCARE) Help Desk is available to assist with this process Monday – Friday, from 7:00 AM to 7:00 PM ET. The MCARE Help Desk complete contact information, hours of operation, holiday schedule, and more is available here. MCARE is the single point of contact for all questions or concerns about the HETS 270/271 application. A potential Trading Partner must contact MCARE to initiate the registration process.

Please refer to Section 5 MCARE Contact Information of this *Companion Guide* for MCARE contact information.

2.2 Trading Partner Registration

Entities must apply for and be granted access as an authorized Trading Partner before they will be able to utilize the HETS 270/271 application. Entities must complete an application via the HETS Trading Partner Agreement located at the following link: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/HETS_Trading_Partner_Agreement_Form.pdf

Instructions to complete the sign-up process can be found at the following link: https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system/how-to-get-connected

2.3 Certification and Testing Overview

Trading Partners are required to submit test transactions to ensure that their systems are X12 compliant. Each Trading Partner may submit up to 50 test transactions during the testing phase. Trading Partners must contact MCARE to coordinate testing procedures.

Please refer to Section 5 MCARE Contact Information of this *Companion Guide* for MCARE contact information.

3 Testing

CMS requires that all newly registered Trading Partners work with MCARE to complete basic transaction submission testing. Successful transaction submission and receipt of both valid and error responses is an indication to CMS that all systems involved can properly submit and receive transactions. MCARE is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM ET. The MCARE Help Desk complete contact information, hours of operation, holiday schedule, and more is available here.

Trading Partners must send all test transactions with Usage Indicator (ISA15) = “T” until approved to submit production transactions with a Usage Indicator (ISA15) = “P.” The HETS 270/271 application will return a TA105 = “020” error for an Invalid Test Indicator Value if the incorrect value is included within this field.

Please refer to Section 5 MCARE Contact Information of this *Companion Guide* for MCARE contact information.

4 Connectivity/Communications

4.1 Process Flows

4.1.1 Trading Partner Registration

To access the HETS 270/271 application, potential Trading Partners need to obtain a Submitter ID through MCARE. **Figure 1** illustrates the high-level process for successfully registering as a Trading Partner and submitting 270 transactions. Trading Partners are also required to recertify their HETS 270/271 application access annually by completing the Trading Partner Agreement (TPA) recertification process as instructed by CMS.

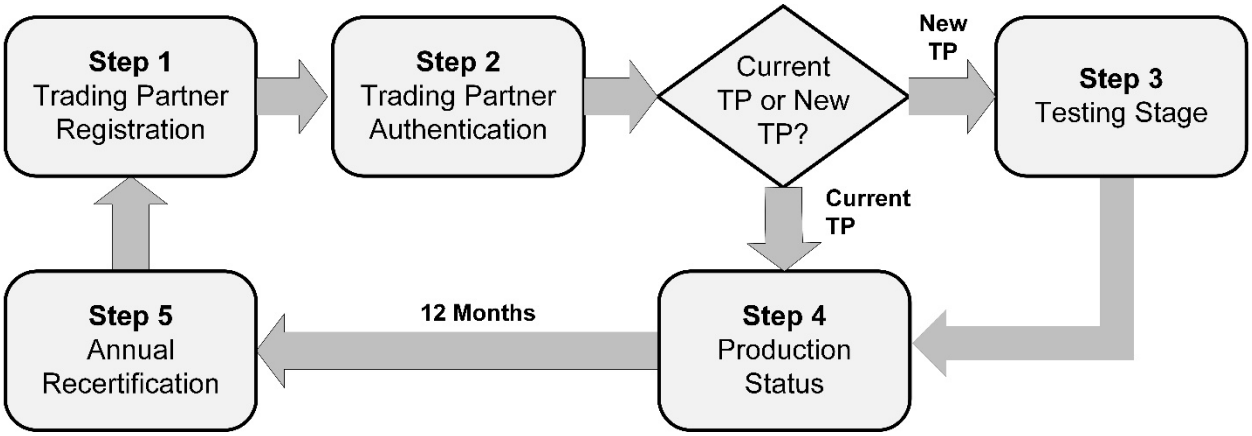

Figure 1: Process for Implementing 270 Transactions

Step 1: Trading Partner Registration
Complete and submit the HETS Trading Partner Agreement Form. Refer to Section 2.2 Trading Partner Registration of this *Companion Guide* for the Trading Partner registration process.

Step 2: Trading Partner Authentication
MCARE will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

Step 3: Testing Stage
MCARE will have a Trading Partner send up to 50 test transactions and verify that all systems involved can properly submit and receive X12 compliant transactions. The Usage Indicator (ISA15) must be “T.”

Step 4: Production Status
Once testing is complete, a Trading Partner can begin to submit 270 transactions and receive 271 transactions in the Production environment. The Usage Indicator (ISA15) must be “P.”

Step 5: Annual Recertification

Trading Partners that are in Production Status are required to recertify their access annually at a date predetermined by CMS. Trading Partners must complete an updated HETS Trading Partner Agreement and submit it per CMS' instructions. The updated Trading Partner Agreement is validated to ensure it remains compliant with CMS policy.

4.1.2 Transaction Process

A Trading Partner may submit a 270 request to the HETS 270/271 application using Transmission Control Protocol / Internet Protocol (TCP/IP), Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL) or Hypertext Transfer Protocol (HTTP)/Multipurpose Internet Mail Extensions (MIME) Multipart communication protocols. The HETS 270/271 application authenticates the Trading Partner and ensures that the Trading Partner is associated with valid National Provider IDs (NPI) in the HETS database. If the Trading Partner is not authorized, or is not associated with valid NPIs, then an appropriate error response is returned. If the Trading Partner is authorized, then the appropriate response is returned. **Figure 2** illustrates the high-level process for communicating with the HETS 270/271 application. The lock icons represent system checkpoints that must be passed before eligibility information is returned on the 271 response.

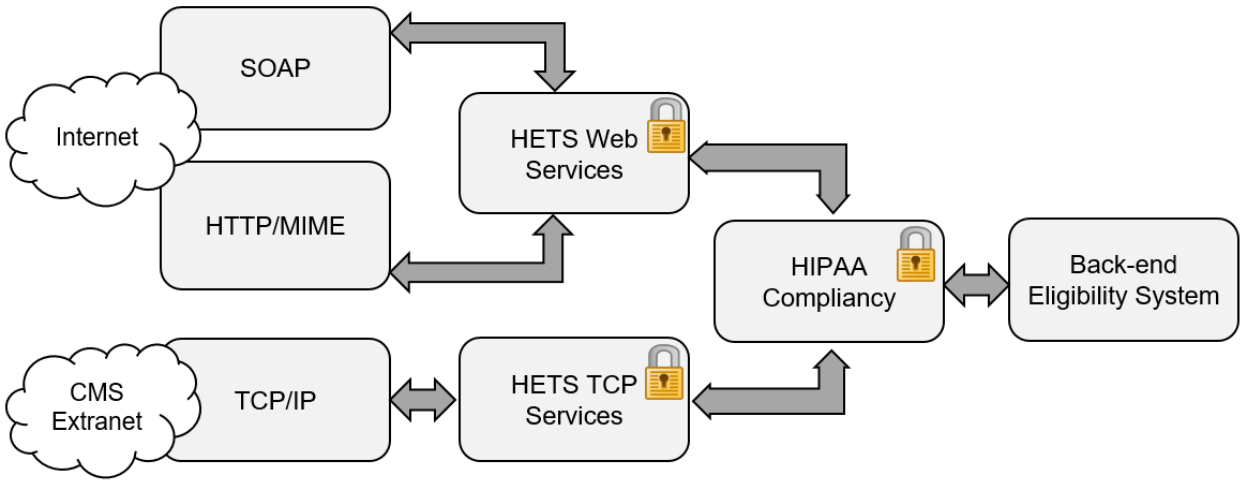

Figure 2: Transaction Process

4.2 Transmission Administrative Procedures

4.2.1 Schedule, Availability, and Downtime Notification

The HETS 270/271 application is typically available 24 hours a day, 7 days a week. At this time, there are no standing HETS 270/271 maintenance windows. MCARE will notify HETS Trading Partners of any planned downtime. All current and archived downtime notifications are available via the following page within the CMS HETS Help website: https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system/mcare-notifications.

Any unplanned downtime with the HETS 270/271 application during Help Desk operational hours will also be communicated to the Trading Partners via email and posted to the HETS Help website, https://www.cms.gov/hetshelp as soon as MCARE is aware of the situation. A second follow-up email will also be sent alerting the Trading Partners when the HETS 270/271 application becomes available.

Please refer to Section 5 MCARE Contact Information of this *Companion Guide* for MCARE contact information.

4.2.2 Re-Transmission Procedure

Trading Partners may call MCARE for assistance in researching problems with their transactions. However, MCARE will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the transaction and resubmit, following the same processes and procedures as the original file.

4.3 Communication Protocol Specifications

Trading Partners may connect to the HETS 270/271 application via one of the following methods:

- TCP/IP over the CMS Extranet

  Additional information about TCP/IP connectivity over the CMS Extranet is available in Section 4.3.1 CMS Extranet.

- SOAP + WSDL (“SOAP”)
- HTTP MIME Multipart (“MIME”)

  Additional information about SOAP + WSDL or HTTP MIME Multipart connectivity is available in Section 4.3.2 Web Services Connectivity via SOAP + WSDL (“SOAP”) or HTTP MIME Multipart (“MIME”) through Section 4.3.4 HTTP MIME Multipart (“MIME”).

4.3.1 CMS Extranet

The HETS 270/271 application supports transactions through the CMS Extranet via the TCP/IP transfer protocol. Trading Partners must initiate the TCP handshake to establish a TCP/IP socket connection at the CMS data center. Trading Partners should only request to open a TCP/IP socket connection as necessary to support their active eligibility requests.

The 270 request must be sent to the connected socket session immediately after Trading Partners have successfully negotiated the socket, and the 271 response will be received on the same socket connection. Trading Partners may choose to implement a client that can listen to the same socket session for a 271 response while 270 requests are being streamed. Trading Partners should monitor the socket connection while connected to ensure that the socket remains open and viable. Trading Partners should be able to determine if a socket has prematurely terminated for any reason.

Trading Partners should only submit one transaction concurrently per socket. Transactions process linearly; therefore, submitting more than one transaction per socket concurrently results in additional transactions queuing and delaying response time to the additional transactions.

CMS recommends that high volume Trading Partners send transactions asynchronously, that is, streaming multiple sequential requests via the single socket connection. If transactions are submitted asynchronously, Trading Partners should submit the next 270 request as soon as the response to the previous request is received. Asynchronous Trading Partners may open multiple sockets, if necessary, to support transaction volume during high volume periods.

Sending 270 requests asynchronously also improves socket efficiency. There are a finite number of available HETS 270/271 sockets, so Trading Partners should limit the number of simultaneous connections to the HETS 270/271 application.

When the last requested 271 response has been received, Trading Partners should close the socket connection immediately. The HETS 270/271 application is configured to idle connections, but only after a 5-second delay to determine if additional requests will be sent. Trading Partners will improve overall socket availability if they forcefully terminate all socket requests when their transactions are complete.

Each submitted transmission must contain one 270 request with only one Interchange Control Envelope, along with a transmission wrapper, around the 270 request. The purpose of the transmission wrapper is to communicate the length of the transaction message and to indicate the end of the transmission to the HETS 270/271 application.

The outbound response transaction wrapper has the same format as the inbound transmission wrapper. The 271 response to the Trading Partner is returned in the same session in which the 270 request was submitted.

The standard format of the TCP/IP Communication Transport Protocol Wrapper, SOHLLLLLLLLLLSTX<HIPAA 270 Transaction>ETX, is represented in Table 1 Standard Format of the TCP/IP Communication Transport Protocol Wrapper.

Table 1: Standard Format of the TCP/IP Communication Transport Protocol Wrapper

Element	Description	Length	Hexadecimal Value	Note(s)
SOH	Start of header	1	01	This is a required element.
LLLLLLLLLL	# of bytes, including spaces, of the 270 request	10	N/A	Right justified, zero padded. This is a required element.
STX	Start of text	1	02	This is a required element.

Element	Description	Length	Hexadecimal Value	Note(s)
HIPAA 270 Transaction	Eligibility request	variable	N/A	This is a required element.
ETX	End of text	1	03	This is a required element.

An illustration of the standard format of the TCP/IP Communication Transport Protocol Wrapper is represented by Figure 3. *This is provided as an illustrative example only; HETS Submitters should not copy and/or utilize this wrapper or 270 transaction.*

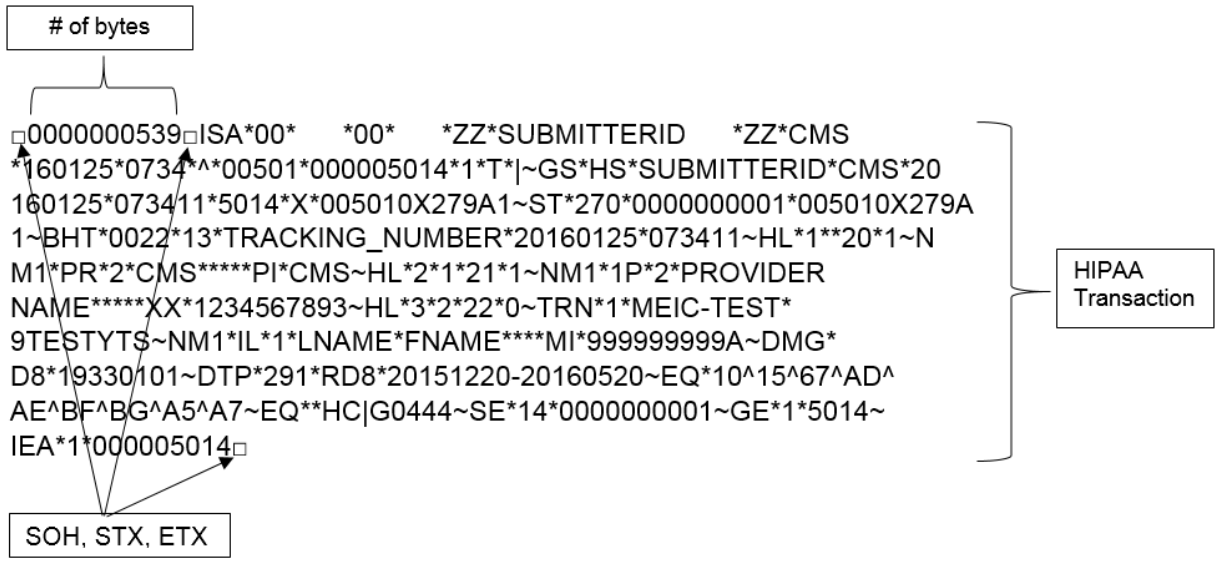

Figure 3: Example of TCP/IP Communication Transport Protocol Wrapper

Refer to the Extended Control Set matrix in the Appendix of the ASC X12 270/271 version 005010X279A1 TR3 for additional information about SOH, STX, and ETX.

4.3.2 Web Services Connectivity via SOAP + WSDL (“SOAP”) or HTTP MIME Multipart (“MIME”)

HETS supports web based connectivity to HETS via SOAP + WSDL (“SOAP”) or HTPP MIME Multipart (“MIME”). Information about SOAP or MIME authentication and authorization handling, including all X.509 digital certificate requirements, is detailed in Section 2 of the HETS SOAP/MIME Connectivity Instructions document. The current copy of that document is available online at https://www.cms.gov/files/document/medicare-hets-270/271-soap/mime-connectivity-guide.pdf.

4.3.3 SOAP + WSDL (“SOAP”)

The HETS 270/271 application supports transactions formatted according to SOAP Version 1.2, conforming to standards set forth by WSDL for Extensible Markup

Language (XML) envelope formatting, submission, and retrieval. The X12 payload data must be embedded using the inline method (Character Data (CDATA) element), the XML schema, and WSDL definitions formatted according to Phase II CORE 270: Connectivity Rule. The following links should be used as reference:

4.3.3.1 SOAP XML Schema

The XML schema used by the HETS 270/271 application is available for download here.

4.3.3.2 WSDL Schema

The WSDL schema used by the HETS 270/271 application is available for download here.

4.3.3.3 CORE Connectivity Rule

The CORE Connectivity Rule is available for download here.

4.3.3.4 Submission/Retrieval

SOAP transactions are submitted to HETS 270/271 via a specific URL. Refer to the *HETS Trading Partner SOAP/MIME Connectivity Instructions* for additional information.

The X12 payload must be embedded using the Inline method (CDATA element) for real-time SOAP transactions. For more information, refer to the W3C recommendation on SOAP messaging framework located at: http://www.w3.org/TR/soap12-part1

4.3.3.5 SOAP Header Requirements

The SOAP Header must include the timestamp element which must be digitally signed. The Web Services Security Binary Security Token must be added to the SOAP Header which is used for verification of the signature. The CORE Connectivity Rule referenced in Section 4.3.3.3 CORE Connectivity Rule should be used as a reference when constructing the SOAP Header.

4.3.3.6 SOAP Body Requirements

Only those characters referenced in the Basic and the Extended Character Sets noted in the Appendix of the ASCX12 270/271 version 005010X279A1 TR3 including the 005010X279E1 Errata are acceptable within a HETS 270 inquiry. The following link should be used as a reference when constructing the SOAP Body: http://www.w3.org/TR/soap12-part1

Required HETS-specific body elements for 270 requests using SOAP are defined in Table 2 Required Body Elements for 270 Requests Using SOAP.

Table 2: Required Body Elements for 270 Requests Using SOAP

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	Real-time

Element Name	Description
PayloadID	Refer to Section 4.4.2 of Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/ for more information.
SenderID	This is a Submitter defined alphanumeric field. The value must be 10 characters in length. Recommended value is your HETS 270/271 SOAP Submitter ID plus trailing zeros for a total of 10 characters.
ReceiverID	CMS
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed, and the entire payload should be enclosed within a CDATA tag.

Table 3 Required Body Elements for X12 Responses Using SOAP defines HETS-specific body elements for X12 responses using SOAP.

Table 3: Required Body Elements for X12 Responses Using SOAP

Element Name	Description
PayloadType	X12_271_Response_005010X279A1, X12_TA1_Response_00501X231A1, X12_999_Response_005010X231A1
ProcessingMode	Real-time
PayloadID	Refer to Section 4.4.2 of Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/ for more information.
SenderID	CMS
ReceiverID	This field must be 10 characters in length, the same as the 270 Sender ID.
CORERuleVersion	2.2.0
Payload	X12 response

4.3.3.7 SOAP Digital Signature

The SOAP communication protocol requires Trading Partners to embed their certificate within the eligibility request and digitally sign the SOAP Body Payload and SOAP Header Timestamp using their private key. CMS will embed their certificate in the 271 response, enabling the Trading Partner to verify it came from CMS. Trading Partners can obtain a copy of CMS' Certificate in advance by contacting the MCARE Help Desk.

Trading Partners sending via SOAP must utilize a canonicalization method algorithm for signature that is Exclusive Without Comments: http://www.w3.org/2001/10/xml-exc-c14n# . Signatures using algorithms that are Exclusive With Comments, Inclusive With Comments or Inclusive Without Comments will not be accepted.

Refer to the following link for details related to digital signatures as they relate to SOAP:
http://www.w3.org/TR/SOAP-dsig/

4.3.3.8 SOAP Examples

An example of a real-time SOAP request and response can be found in Sections 4.2.2.3 and 4.2.2.4 of the CORE Phase II Connectivity Rule referenced in Section 4.3.3.3.

4.3.4 HTTP MIME Multipart ("MIME")

HETS will support standard MIME messages. The MIME format used must be multipart/form-data.

CORE does not specify the naming conventions as a mandate. HETS will implement the MIME body parts with the same field names as the SOAP element nodes. The response will be returned as MIME multipart/form-data, with the Payload body part containing the X12 response.

Submitters must specify appropriate MIME headers. The MIME specification is very precise and requires that the headers and the body be constructed perfectly. The HETS implementation of MIME allows for the use of the Basic and Extended Character Sets as noted in the Appendix of the ASCX12 270/271 version 005010X279A1 TR3 including the 005010X279E1 Errata only. Please refer to the RFC 2388 – returning values from Forms: multipart/form-data to review header and body specifications. RFC 2388 can be found at the following link:
http://www.faqs.org/rfcs/rfc2388.html

4.3.4.1 Submission/Retrieval

MIME transactions are submitted to HETS 270/271 via a specific URL. Refer to the HETS Trading Partner SOAP/MIME Connectivity Instructions for additional information.

A MIME transaction must be constructed exactly to the multipart/form-data specifications. Refer to http://www.faqs.org/rfcs/rfc2388.html for more information on multipart/form header and body specifications.

4.3.4.2 HTTP MIME Multipart Header Requirements

MIME messages will have standard HTTP header data elements, such as POST, HOST, Content-Length, and Content-Type. The supported Content-Type is MIME multipart/form-data.

4.3.4.3 HTTP MIME Multipart Body Requirements

Since CORE does not specify naming conventions, HETS will implement MIME with the same field names as SOAP. Required body elements for MIME transactions are defined in Table 4 Required Body Elements for 270 Requests Using MIME.

Table 4: Required Body Elements for 270 Requests Using MIME

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	Real-time
PayloadID	Refer to Section 4.4.2 of Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/ for more information.
SenderID	This is a Submitter defined alphanumeric field. The value must be 10 characters in length. Recommended value is your HETS 270/271 MIME Submitter ID plus trailing zeros for a total of 10 characters.
ReceiverID	CMS
CORERuleVersion	2.2.0
Payload	X12 request. The X12 request must be submitted as part of the MIME request and not as an attachment. If an attachment is received, the transaction will be rejected. The request does not need to be enclosed within a CDATA tag. See Appendix A for an example of the 270 request that would appear here.

Table 5 Required Body Elements for X12 Responses Using MIME defines HETS-specific body elements for X12 responses using MIME.

Table 5: Required Body Elements for X12 Responses Using MIME

Element Name	Description
PayloadType	X12_271_Response_005010X279A1, X12_999_Response_005010X231A1 or X12_TA1_Response_00501X231A1
ProcessingMode	Real-time
PayloadID	Refer to Section 4.4.2 of Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/ for more information.
SenderID	CMS
ReceiverID	This field must be 10 characters in length, the same as the 270 Sender ID.
CORERuleVersion	2.2.0
Payload	X12 response

4.3.4.4 HTTP MIME Multipart Examples

Examples of a real time MIME request and response can be found in Sections 4.2.1.1 and 4.2.1.2 of the CORE Phase II Connectivity Rule referenced in Section 4.3.3.3.

4.4 Security

The HETS 270/271 application is located at a secure CMS data center. The CMS Extranet connection requires a password that is provided by the CMS-approved network reseller and features a variety of security measures to protect the integrity of the HETS 270/271 application. Trading Partners transmitting with SOAP or MIME must obtain a digital certificate and send the transaction to the HETS 270/271 application via secure internet connection. Additionally, the HETS 270/271 application authorizes Trading Partners based on either their originating Internet Protocol (IP) address or digital certificate and their CMS-issued HETS 270/271 Submitter ID.

All Trading Partners must assume full responsibility for the privacy and security of all Medicare Beneficiary data. Additionally, CMS holds Clearinghouse Trading Partners responsible for the privacy and security of eligibility transactions sent directly to them from Providers and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

5 MCARE Contact Information

All inquiries and comments regarding Trading Partner registration, connection set-up, transaction testing, and the submission of 270/271 transactions and interpretation of their data should be directed to MCARE.

MCARE is available at 1-866-324-7315 or at MCARE@cms.hhs.gov Monday through Friday, from 7:00 AM to 7:00 PM ET. The MCARE Help Desk complete contact information, hours of operation, holiday schedule, and more is available here.

Note: The MCARE email address is monitored during normal business hours. Emails are typically answered within one business day.

MCARE cannot assist in the resolution of benefit-related discrepancies. Questions regarding eligibility/benefit data for Medicare Part A and Part B should be directed to the appropriate regional MAC. Eligibility/benefit questions about MA, Part D, and MSP should be directed to the appropriate plan(s) identified in the 271 response.

6 Control Segments/Envelopes

The following sections describe the HETS 270/271 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 270/271 version 005010X279A1 TR3. Adhering to these requirements will help to ensure that transactions received by the HETS 270/271 application will pass the specified business edits.

All references to the ASC X12 270/271 version 005010X279A1 TR3 assume the version referenced in Section 1.1 Scope of this *Companion Guide*.

6.1 Interchange Control Structure (ISA/IEA)

Table 6 270 ISA Segment Rules describes the values specifically required by the HETS 270/271 application within the ISA Header of the 270 request. The HETS 270/271 application does not expect any custom values for the IEA segment within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

Table 6: 270 ISA Segment Rules

Reference	Name	X12 Codes	Notes/Comments
ISA	Interchange Control Header	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
ISA01	Authorization Information Qualifier	00	HETS always expects “00.”
ISA03	Security Information Qualifier	00	HETS always expects “00.”
ISA05	Interchange ID Qualifier	ZZ	HETS always expects “ZZ.”
ISA06	Interchange Sender ID	N/A	HETS always expects the Trading Partner Submitter ID assigned by CMS.
ISA07	Interchange ID Qualifier	ZZ	HETS always expects “ZZ.”
ISA08	Interchange Receiver ID	N/A	HETS always expects “CMS.”
ISA09	Interchange Date		HETS always expects a current date.
ISA14	Acknowledgment Requested	0,1	HETS will not return the TA1 acknowledgement receipt of a real time transaction even if acknowledgment is requested.

6.2 Functional Group Structure (GS/GE)

Table 7 270 GS Segment Rules describes the values specifically required by the HETS 270/271 application within the GS Header of the 270 request. The HETS 270/271 application does not expect any custom values for the GE segment within the 270 request.

Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3 for all elements not included in Table 7 270 GS Segment Rules.

Table 7: 270 GS Segment Rules

Reference	Name	X12 Codes	Notes/Comments
GS	Functional Group Header	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
GS02	Application Sender's Code	N/A	HETS always expects the Trading Partner Submitter ID assigned by CMS.
GS03	Application Receiver's Code	N/A	HETS always expects "CMS."

6.3 Transaction Set Header/Trailer (ST/SE)

The HETS 270/271 application does not expect any custom values for the ST/SE segments within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

7 Payer Specific Business Rules and Limitations

This section describes the business rules and limitations of the HETS 270/271 application.

All references to the ASC X12 270/271 version 005010X279A1TR3 assume the version referenced in Section 1.1 Scope of this *Companion Guide*.

7.1 General Structural Notes

- Trading Partners should follow the ST/SE guidelines outlined in the 270 section of the ASC X12 270/271 version 005010X279A1 TR3.
- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the ASC X12 270/271 version 005010X279A1 TR3 and follow the 999 and TA1 guidelines outlined in the ASC X12 version 005010X231A1 TR3.
- Trading Partners must follow the character set guidelines as defined in the Appendix of the ASC X12 270/271 version 005010X279A1 TR3.
- CMS strongly recommends that Trading Partners use the preferred 270 request delimiters in Table 8 Preferred 270 Request Delimiters. HETS will utilize these delimiters for all 271 responses (regardless of the delimiters the Trading Partner sent in the 270 request).

Table 8: Preferred 270 Request Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
|	Pipe	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

- Each transaction must contain only one Patient Request. Each 270 request must have only one ISA/IEA, one GS/GE, one ST/SE, and a single 2100C Subscriber Loop

7.2 General Transaction Notes

Eligibility/Benefit for Medicare Advantage (MA)
Questions regarding eligibility, coverage, and payment for Medicare Advantage (MA) should be directed to the appropriate MA plan(s) identified in the eligibility response. Each MA plan can have different out-of-pocket costs and specific rules for getting and billing services. You must follow the MA plan's terms and conditions for payment.

- The HETS 270/271 application data is updated once daily (early in the morning, Eastern Time). The HETS 271 response is not updated further during the day. Trading Partners should not resubmit the same transaction multiple times during a day expecting to receive different results.
- Upon receiving a valid 270 request for a Medicare Beneficiary entitled to Part A and/or Part B, the HETS 271 response returns the following basic set of eligibility information:
    - Medicare Beneficiary demographics
    - Part A and B entitlement including any Periods of Inactivity
    - The most recent Part A and B entitlement/enrollment reason code for each type of coverage
    - Coverage status of requested and supported STCs
    - MSP, MA, and Part D plan enrollment information (where applicable)
    - Plan level financial information
- The demographic information returned on HETS 271 responses with benefit information include the Medicare Beneficiary's name, date of birth and address of record as received from the Social Security Administration (SSA) or the Railroad Retirement Board (RRB). Any issues must be resolved by the Beneficiary with those organizations.
- If there are content or formatting issues in the SSA's Medicare Beneficiary address, the HETS 271 response returns a 2100C N301 value of "Refer to MSG for Subscriber address" and a default city/state/ZIP code value of Baltimore, MD 21244.
    - If the N301 value is "Refer to MSG for Subscriber address" then the 271 response will also add 2110C EB and MSG segments to return the address as received from the SSA.
        - The 271 2110C MSG01 will contain two parts. The initial part is a label that reads 'Subscriber address – '. The second part will be up to 132 characters of the individual's SSA address. HETS will pass the SSA address in the exact format or manner as received from the SSA.
        - **It is essential that HETS Submitters return the 2110C MSG segment** with the Medicare Beneficiary's address if it is included in the 271 response because the address could not be parsed into the N3/N4 segments due to an address issue at SSA or RRB.
    - Refer to Table 24: 271 Subscriber Demographic Data for additional information.

- The HETS 270/271 application will accept multiple Service Type Codes (STCs) and/or Healthcare Common Procedure Coding System (HCPCS) codes on a 270 request.
- Additional eligibility information will be returned when the following supported STCs are sent within a 270 request: AD, AE, AF, AG, A5, A7, BD, BF, BG, BT, BZ, CO, CQ, RN, 10, 42, 45, 47, 48, 49, 64, 67, 71 and 80.
- Additional information returns when the following supported HCPCS codes are sent within a 270 request: 0464U, 71271, 74263, 76706, 76977, 77067, 77078, 77080, 77081, 80061, 80081, 81528, 82270, 82465, 82947, 82950, 82951, 83036, 83718, 84478, 86704, 86706, 87340, 87341, 90670, 90671, 90677, 90684, 90732, G0011, G0013, G0101, G0102, G0103, G0104, G0105, G0117, G0118, G0121, G0130, G0327, G0328, G0402, G0403, G0404, G0405, G0432, G0433, G0435, G0442, G0443, G0444, G0445, G0446, G0447, G0472, G0473, G0475, G0476, G0499 and G0567.
- The 271 response returns the Medicare coverage status for the following supported STCs when sent within a 270 request: 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 18, 20, 23, 24, 25, 26, 27, 28, 30, 33, 35, 36, 37, 38, 39, 40, 41, 42, 45, 47, 48, 49, 50, 51, 52, 53, 54, 62, 64, 65, 67, 68, 69, 71, 73, 76, 78, 80, 81, 82, 83, 86, 88, 93, 98, 99, A0, A3, A4, A5, A6, A7, A8, AD, AE, AF, AG, AI, AJ, AK, AL, BD, BF, BG, BH, BT, BU, BV, BZ, CO, CQ, DM, MH, RN, and UC.
- All supported, benefit specific Service Type Codes or HCPCS codes submitted on the 270 requests will return as inactive benefits on the 271 response when the Medicare Beneficiary is enrolled in the Part B Immunosuppressive Drug Benefit (Part B-ID) program for the requested date(s) of service. See Section 7.26 Part B Immunosuppressive Drug Benefit Business Rules for additional information.
- The 271 response only returns the coverage status of the “child” components of STCs 1, 30, 35, 47 and/or MH if they are sent within a 270 request. If the requested date(s) of service start date is after the Date of Death, then the “child” components are not returned. The “child” components are not returned when the Medicare Beneficiary is ineligible. The “child” component STCs are defined in the Front Matter of the ASC X12 270/271 version 005010X279A1 TR3.
- The 271 response returns STCs 1, 47, and MH when requested on the 270 and the Medicare Beneficiary is ineligible for Medicare Part A. The 271 response returns STCs 1, 35, 47, and MH when requested on the 270 and the Medicare Beneficiary is ineligible for Medicare Part B.
- The 271 response returns the following supported STCs as covered under Medicare Part A: 10, 15, 42, 45, 48, 49, 65, 69, 76, 78, 83, A5, A7, AG, BU, BV, and RN. The coverage status of the Part A covered STCs is returned in the EB01 data element of the Part A entitlement 2110C loop.
- The 271 response returns the following supported STCs as covered under Medicare Part B: 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 18, 20, 23, 24, 25, 26, 27, 28, 33, 36, 37, 38, 39, 40, 42, 50, 51, 52, 53, 62, 64, 65, 67, 69, 71, 73, 76, 78, 80,

81, 83, 86, 93, 98, 99, A0, A3, A4, A6, A8, AD, AE, AF, AI, AJ, AK, AL, BD, BF, BG, BH, BT, BU, BV, BZ, CO, DM, RN and UC. The coverage status of the Part B covered STCs is returned in the EB01 data element of the Part B entitlement 2110C loop.

- The 271 response returns the following supported STCs as not covered (EB01= "I") under Medicare: 41, 54, 68, and 82.
- When STC 30 is submitted on a 270 request, the 271 response returns the coverage status of the following STCs: 2, 3, 23, 24, 25, 26, 27, 28, 33, 36, 37, 38, 39, 40, 41, 42, 45, 48, 49, 50, 51, 52, 53, 54, 67, 69, 73, 76, 83, 86, 88, 98, A4, A5, A6, A7, A8, AG, AI, AJ, AK, AL, BT, BU, BV, DM, UC.
- The following scenarios will also produce a response as though STC 30 was requested.
    - No STC is requested
    - A requested STC is not supported by HETS
    - A requested HCPCS code is not supported by HETS
- When STC 80 is submitted on a 270 request, the 271 response typically returns separate 271 2110C EB and DTP loops specifically stating plan level eligibility for COVID-19 vaccination. The 271 2110C DTP loop will always return the current HETS system date. HETS handles STC CO in a similar way for Influenza (Flu) vaccination.
    - If both STC 80 and CO are submitted on a 270 request, the 271 response will combine the plan level eligibility for COVID-19 and Flu vaccination. Refer to Section 7.24 Influenza (Flu) Vaccination Business Rules for additional details.
- The 271 response returns the Medicare Beneficiary's Part D coverage status with STC 88 in a separate 2110C loop when STC 88 or 30 is specifically requested or if the HETS 270/271 application is responding as if STC 30 was requested.
- The following STCs are free services and are covered at 100% by Medicare Part A and/or Part B; therefore, deductibles, copayment, and coinsurance liabilities do not apply: 5, 42, 45, 67, 71, 80, AJ, BT, BZ and CO.
- The 271 response returns all Part A free service information in a single 2110C EB loop with the potential for multiple DTP segments, regardless of what calendar year they fall within.
    - Apart from STC 80 and CO, HETS handles Part B free service information in the same manner as a single 271 2110C EB loop with the potential for multiple DTP segments.
        - STC 80 financial liability information for COVID-19 vaccination will only be returned for the current year.
        - STC CO financial liability information for Influenza (Flu) vaccination will only be returned for the current year.

- The 271 response returns an additional 2110C loop for any STC where the deductible and/or coinsurance amounts differ from the Plan Level amounts.
- The 271 response returns the coverage status for STCs 48 and 49 when STCs AG, 47, 48, and/or 49 are sent within a 270 request except when the requested date(s) of service start date is after the Date of Death or the Medicare Beneficiary is ineligible.
- The 271 response will include a specific and separate 2110C EB loop which contains a yes or no value indicating if a prior authorization is required by Medicare for the first ten HCPCS submitted on the 270 request.
    - If more than ten HCPCS codes are submitted on the 270 then subsequent codes will not receive these authorization details. HETS Submitters that wish to utilize this functionality need to review the order in which they submit HCPCS codes in their 270 request.
    - HETS will select the first 10 HCPCS codes submitted in the 270 request. HETS will then drop any HCPCS codes from this group if that HCPCS code can already be returned on the HETS 271 response for preventive, PPV, or any other benefit. If any HCPCS codes remain, the HETS response will then provide separate 271 2110 EB loops for each remaining HCPCS code from the first ten submitted. Example loop returned in a 271 response:

        EB*D**********Y**HC|15820~ (EB11 = Prior Authorization Y/N Indicator for HCPCS 15820)

    - The HETS 271 response indicating if a prior authorization is required for a HCPCS code is informational only and is in no way a guarantee of coverage or payment for that service. The HETS 271 response is based upon information obtained from the CMS database at the time of inquiry and is never considered a guarantee of payment.
    - Additional information, including a complete and current list of all HCPCS codes that require Medicare prior authorization is available here.
        - See Table 50: 271 Cognitive Assessment and Care Plan for additional information.
- The 271 response may return multiple EB loops to reflect the Medicare Beneficiary's plan level financials, benefit, and enrollment history and/or the EQ values sent within a 270 request.
- The 271 response does not include 2110C loops for future year deductibles, coinsurance, and copayment per day when these values have not yet been published by CMS. The 271 response is based upon information obtained from the CMS database at the time of inquiry and is not considered a guarantee of payment.

- The 271 response will include the DOEBA and DOLBA dates of all hospital spells intersecting the current date and/or the calendar (years) of the date/date range of the 270 request. This data is returned in the HETS 271 response for any specific Service Type Code (STC) or HCPCS code in the 270 request. Example segments returned in a 271 response:

  EB*D**30*MA~
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = DOEBA and DOLBA Dates)

- Trading Partners receive a 271 response 2100A AAA error with a reject reason code of AAA03 = “42” when the HETS 270/271 application is unable to process a single transaction in less than 60 seconds or when other system issues are encountered.
- The HETS 270/271 application returns a 999 error response if dependent-level data is sent within a 270 request.

7.3 Medicare Beneficiary Matching Rules

The HETS 270/271 application applies search logic that uses a combination of the following data elements: Medicare Beneficiary Identifier (MBI), Medicare Beneficiary’s Date of Birth (DOB), Medicare Beneficiary’s full last name, and Medicare Beneficiary’s full first name. Trading Partners should not submit any additional Beneficiary data elements to generate a match. Table **9:** HETS 270/271 Search Options describes the necessary data elements for the required primary and alternate search options supported by the HETS 270/271 application.

Table 9: HETS 270/271 Search Options

Search Option	MBI	Last Name	First Name	DOB
Primary	X	X	X	X
Alternate 1	X	X	N/A	X
Alternate 2	X	X	X	N/A

- The HETS 270/271 application only accepts the MBI as the Subscriber Primary Identifier value on 270 requests. HETS 270/271 will reject any requests that are submitted with a Medicare Health Insurance Claim Number (HICN). The HETS 271 response to any 270 request that contains a HICN would be no better than a 271 2100C AAA03 = “72” for an invalid Member ID.
- If the individual with coverage qualifies for Medicare under the Railroad Retirement Board (RRB), the HETS 271 response includes a 2110C MSG segment of “Railroad Retirement Medicare Beneficiary.” Any issues related to a Railroad Medicare Beneficiary’s name, date of birth, and/or address of record must be resolved by the Railroad Medicare Beneficiary by contacting the RRB.
- Medicare Beneficiary MBI numbers can be replaced in specific circumstances. If a Medicare Beneficiary’s MBI number has been changed, then the HETS

270/271 application will accept historical 270 requests with either a) the new MBI or b) the old MBI number only if the old MBI was active during the date(s) of service submitted on the request. HETS does not cross-reference MBIs.

- If applicable, the HETS 270/271 application returns a MBI's end date on 271 responses which a) contain benefit information and b) include a date(s) of service which overlaps the terminated MBI's effective period. Medicare Providers/Suppliers should contact the Medicare Beneficiary to obtain an updated MBI number. HETS does not cross-reference MBIs.
- If the Trading Partner submits a Beneficiary's middle name or initial in the 270 2100C NM105 or a gender code in the 270 2100C DMG03, then the HETS 270/271 application returns a 999 response. Additionally, HETS rejects any requests where the 270 2100C REF01 contains a value of 'SY'. Trading Partners should not submit any additional Beneficiary data elements outside of those listed above in Table 9 HETS 270/271 Search Options.
- If the search criteria do not produce a match to a Medicare Beneficiary, the 271 response includes the appropriate AAA03 error code in the 271 response. Refer to Section 8.3 2711 of this *Companion Guide* for additional information.

7.4 Date Request Rules

- The 271 response returns current eligibility information if no date is contained in the 270 request.
- CMS will verify that the date(s) requested on the 270 request are within the HETS 270/271 application's allowable date span. The allowable date span is up to four years in the past and up to four months in the future, based on the date the transaction was received. If requests are outside of this range, the HETS 270/271 application returns a AAA error in the 2100C Loop with a reject reason code of AAA03 = "62."
- Eligibility requests submitted for the maximum allowable date span take longer to process and return significantly more eligibility data on the 271 response. CMS urges HETS 270/271 Submitters to carefully consider which, if any, circumstances should 270 requests contain the maximum allowable date span. CMS discourages HETS Submitters from defaulting to the maximum allowable date span on all eligibility requests.

Table **10:** Request Date Calendar illustrates the allowable request date ranges.

Table 10: Request Date Calendar

If the Current Month Is:	Historical Requests Are Valid Through:	Future Requests Are Valid Through:
January	January, 4 years ago	May of the current year
February	February, 4 years ago	June of the current year
March	March, 4 years ago	July of the current year

If the Current Month Is:	Historical Requests Are Valid Through:	Future Requests Are Valid Through:
April	April, 4 years ago	August of the current year
May	May, 4 years ago	September of the current year
June	June, 4 years ago	October of the current year
July	July, 4 years ago	November of the current year
August	August, 4 years ago	December of the current year
September	September, 4 years ago	January of the following year
October	October, 4 years ago	February of the following year
November	November, 4 years ago	March of the following year
December	December, 4 years ago	April of the following year

Example: If an eligibility request is sent on October 1, 2025, then requests from October 1, 2021 through February 1, 2026 will be accepted.

7.5 Medicare Part A & Part B Eligibility Business Rules

7.5.1 HETS 270/271 Business Rules

- Trading Partners should review the entire 271 response to determine the appropriate eligibility status for the Medicare Beneficiary.
- To indicate periods of Medicare entitlement, the 271 response returns a 2110C loop with element EB01 = “1” along with applicable EB03 covered STCs and the Subscriber Eligibility/Benefit Date (DTP03) where DTP01 = “291” with beginning and end dates, where appropriate, for each applicable entitlement period.
- The 271 response returns a 2110C loop with element EB01= “6” for Part A and/or Part B along with applicable EB03 covered STCs without the DTP segments for either of the following reasons:
    - The Medicare Beneficiary’s Part A and/or Part B entitlement had not yet begun as of the requested date(s) of service.
    - The Medicare Beneficiary’s Part A and/or Part B entitlement has terminated prior to the requested date(s) of service.
- The 271 response returns a 2110C loop with element EB01 = “6” along with a DTP segment containing beginning and, if applicable, end dates for any period(s) within the requested date(s) of service when the individual entitled to Medicare is ineligible for Medicare benefits over a period for one or more of the following reasons:
    - The Medicare Beneficiary has been classified as being unlawfully present in the United States.
    - The Medicare Beneficiary has been deported from the United States.

- The Medicare Beneficiary has been incarcerated.

The 271 response for these individuals that are entitled to Medicare but inactive due to incarceration, deportation or being unlawfully present in the United States will include the following information when available in the upstream data source:

- Individuals may have multiple inactive periods for different periods for the same reason (e.g., incarcerated on different dates).
- Individuals may have multiple inactive reasons for the same period (e.g., indicated as both incarcerated and unlawfully present at the same time).
- Inactive periods/reasons may overlap based on information present in the upstream data source.
- HETS will return all inactive periods as separate values, including DTP and MSG segments when information is available.

Table 11**: Potential MSG Segments** describes the potential 271 2110C MSG01 values that may be returned when an individual has an incarceration, deportation or unlawfully present period that overlaps with the requested date(s) of service:

Table 11: Potential MSG Segments

Situation	Corresponding MSG Segment
Individual is incarcerated as per requested date(s) of service in 270.	MSG*Inactive – Prisoner or in custody of a Federal, State or local authority~
Individual is deported as per requested date(s) of service in 270.	MSG*Inactive – Deported~
Individual is not lawfully present as per requested date(s) of service in 270.	MSG*Inactive – Not lawfully present~

- The 271 response may return the Medicare Beneficiary's most recent entitlement or enrollment reason code for Medicare Part A and Medicare Part B coverage. If applicable, the 271 response would include the most recent entitlement or enrollment reason that is available for each type of coverage. Entitlement or enrollment reason will not be returned for prior entitlement periods with the same entitlement or enrollment reason.

  The Medicare Beneficiary entitlement/enrollment reason code is returned as a 271 2110C MSG segment where the MSG would read as follows:

  MSG*(*Medicare Entitlement/Enrollment Reason Code*) – (*Medicare Entitlement/Enrollment Code Text Value*)

  The Medicare Entitlement/Enrollment reason codes and their corresponding text values are:

Table 12: Medicare Entitlement/Enrollment Reason Codes

Medicare Entitlement/ Enrollment Reason Code	Medicare Entitlement/ Enrollment Code Text Value
0	Beneficiary insured due to age OASI
1	Beneficiary insured due to disability
2	Beneficiary insured due to End Stage Renal Disease ESRD
3	Beneficiary insured due to disability and current ESRD
P	Part B Immunosuppressive Drug Benefit

- When STC = “80” is submitted on a 270 request, the 271 response will always return separate 271 2110C EB & DTP loops specifically stating plan level eligibility for COVID-19 immunization. This 271 2110C DTP loop will always return the current HETS system date. Refer to Section 7.24 Influenza (Flu) Vaccination Business Rules for additional details.
- If STC ‘CQ’ is requested in the 270 request (and all other Medicare Beneficiary data in the 270 creates a match), then the 271 response returns eligibility information for STC ‘CQ’ separately from all other supported STCs. This separate eligibility loop reflects the coverage for the requested date(s) of service submitted on the 270 request.
- Medicare beneficiaries that are actively enrolled in the Part B Immunosuppressive Drug Benefit (Part B-ID) only have coverage for immunosuppressive drugs; no other items or services are covered. Medicare Part A and Part D coverage will return as inactive for Part B-ID beneficiaries.
- Multiple periods of a Medicare Beneficiary’s inactive Medicare enrollment may be returned in a 271 response if they occur during the requested date(s) of service.
- Example segments returned in a 271 response:

  Part A Entitlement

  EB*1**30^42^45^48^49^69^76^83^A5^A7^AG^BU^BV^RN*MA~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = entitlement and termination dates (where applicable))
  MSG*0 – Beneficiary insured due to age OASI~ (Part A entitlement code and reason)

  Part B Entitlement

  EB*1**30^2^3^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^64^67^69^71^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^BZ^DM^RN^UC*MB~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = entitlement and termination dates (where applicable))
  MSG*0 – Beneficiary insured due to age OASI~ (Part B entitlement/enrollment code and reason)
  EB*1**80*MB~ (Separate Part B eligibility for STC “80” immunization)
  DTP*771*D8*CCYYMMDD~ (Current HETS system date)

Entitled but Inactive Due to Incarceration, Deportation or Alien Status

Inactive Period
EB*6**30~
DTP*307*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = ineligible date(s))
MSG*Inactive – Not lawfully present~

Entitlement Period
EB*1**30^42^45^48^49^69^76^83^A5^A7^AG^BU^BV^RN*MA~
DTP*291*D8*CCYYMMDD~ (DTP03 = Part A entitlement date(s))
MSG*1 – Beneficiary insured due to disability~ (Part A entitlement code and reason)
EB*1**30^2^3^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^64^67^69^71^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^BZ^DM^RN^UC*MB~
DTP*291*D8*CCYYMMDD~ (DTP03 = Part B entitlement date(s))
MSG*1 – Beneficiary insured due to disability~ (Part B entitlement/ enrollment code and reason)
EB*1**80*MB~ (Separate Part B eligibility for STC “80” immunization)
DTP*771*D8*CCYYMMDD~ (Current HETS system date)

Part B Immunosuppressive Drug Benefit Enrollment Only

EB*6**88~ (Inactive Medicare Part D entitlement)
EB*6**30*MA~ (Inactive Medicare Part A entitlement)
EB*1**30*MB~ (Active Medicare Part B-ID enrollment)
DTP*291*D8*CCYYMMDD~ (DTP03 = Part B-ID entitlement effective date)
MSG*P-Part B Immunosuppressive Drug Benefit~ (MSG01 = Part B-ID enrollment reason code and text value)

For additional information, refer to Table 26: 271 Part A and Part B Plan Level Eligibility.

7.5.2 HETS Date of Death Business Rules

The HETS 270/271 application utilizes entitlement data (including Date of Death) from the Social Security Administration. The combination of the requested date(s) of service on the 270 request and the recorded Date of Death dictates the way the HETS 271 response uses the Date of Death.

- If the requested dates(s) of service are **on or before** the recorded Date of Death, the HETS 271 response will return normal eligibility information for the date(s) up until the Date of Death. The HETS 271 response will also include a separate 2100C DTP segment that contains the Date of Death.
- If the requested date(s) of service are **after** the recorded Date of Death the HETS 271 response will note that the Beneficiary is ineligible by returning a 2110C loop with element EB01= “6”, EB03 = “30” plus any covered STCs from the 270 request that are supported by HETS. STCs that are supported by HETS but are not covered for the Medicare Beneficiary will be returned in the 271 response as non-covered.

Figure 4: Date of Death Business Rules illustrates handling of Date of Death based on the date(s) of service submitted on the 270 request.

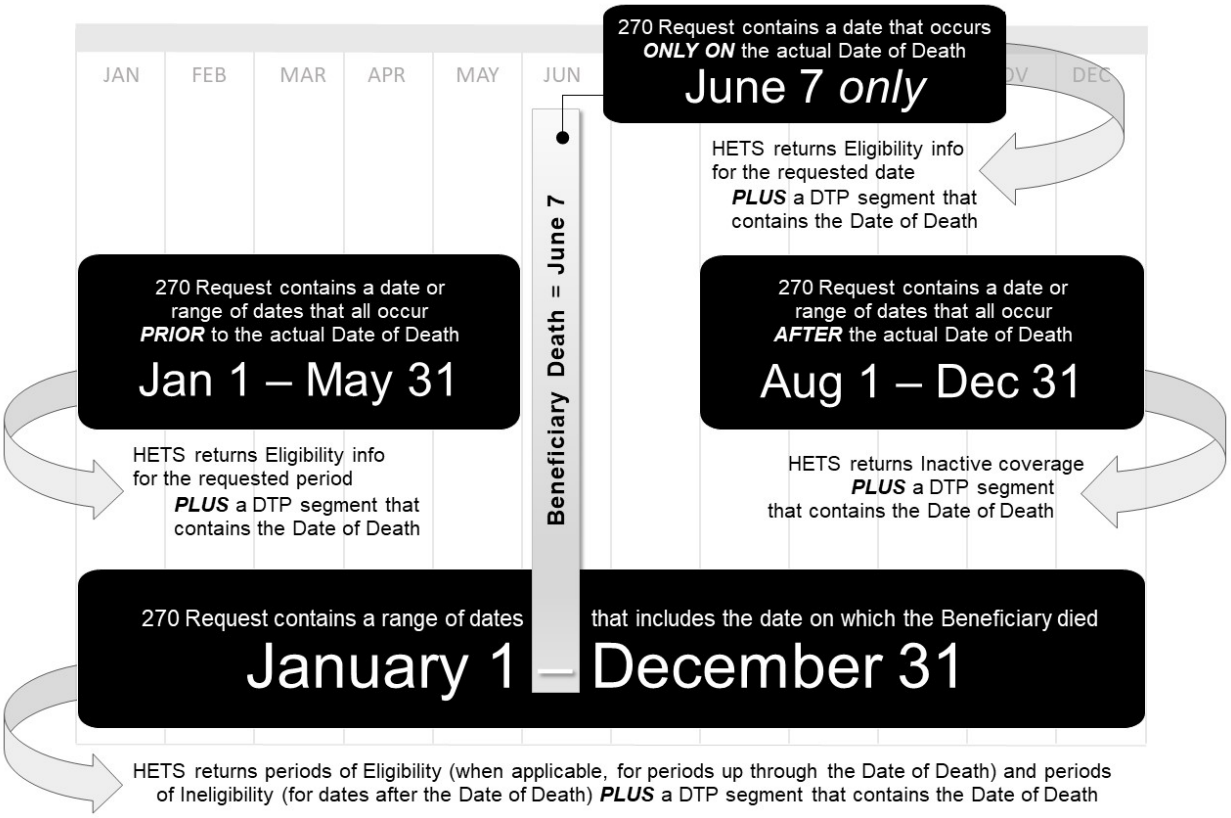

Figure 4: Date of Death Business Rules

The HETS 271 response is also modified in several ways (listed below) to either limit the 271 response or reflect ineligibility for particular services when a Medicare Beneficiary has a Date of Death on file:

- The HETS 271 response does not return coverage status of the “child” components of STCs 1, 30, 35, 47 and/or MH if the requested date(s) of service start date is after the Date of Death, then the “child” components are not returned. The “child” component STCs are defined in the Front Matter of the ASC X12 270/271 version 005010X279A1 TR3.
- The HETS 271 response does not include coverage status for STCs 48 and 49 when the requested date(s) of service start date is after the Date of Death.
- The HETS 271 response does not include preventive service information if the Medicare Beneficiary has a Date of Death on file at the time of the 270 request.
- The HETS 271 response does not include smoking/tobacco cessation counseling benefits if the Medicare Beneficiary has a Date of Death on file at the time of the 270 request.

- The HETS 271 response does not include coverage status for STCs AE and AF when the requested date(s) of service start date is after the Date of Death.
- Example segments returned in a 271 response:

  Inactive Due to Date of Death

  DTP*442*D8*CCYYMMDD~ (DTP03 = Date of Death)
  EB*6**30^10~
  EB*I**30^41~

For additional information, refer to Table 26: 271 Part A and Part B Plan Level Eligibility.

7.6 Medicare Plan Level Part A Deductible Business Rules

- The 271 response returns the following Part A Plan Level financial information in the 2110C loop on every 271 response when the Medicare Beneficiary is Part A entitled:
  - The base Part A deductible amount for every calendar year of the date/date range on the 270 request plus the start year of the earliest intersecting spell.
  - The remaining Part A deductible amount for every calendar year within the date/date range on the 270 request plus the start year of the earliest intersecting spell.
  - The remaining Part A deductible amount and applicable DOEBA/DOLBA dates for every spell that intersects within 60 days of the date/date range on the 270 request.
- The 271 response returns the Part A deductible as zero in an additional 2110C loop for STCs 42 or 45 when applicable and the Medicare Beneficiary is Part A entitled.
- Example segments returned in a 271 response:

  Part A Deductible Financial Data

  EB*C**30*MA**26*1676~ (EB07 = Part A Base Deductible 2025)
  DTP*291*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
  EB*C**30*MA**26*1632~ (EB07 = Part A Base Deductible 2024)
  DTP*291*RD8*20240101-20214231~ (Dates within calendar year when no QMB enrollment is present)
  EB*C**30*MA**29*1676~ (EB07 = Part A Base Deductible as Remaining 2022)
  DTP*291*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
  EB*C**30*MA**29*1632~ (EB07 = Part A Base Deductible as Remaining 2021)
  DTP*291*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)

EB*C**30*MA**29*0~ (EB07 = Part A Spell Remaining)
DTP*291*RD8*20240101-20240106~ (Dates within DOEBA-DOLBA when no QMB enrollment is present)

Covered at 100% -- Part A

EB*C**42^45*MA**26*0~ (EB07 = 0 to display the Part A Base Deductible is not applicable)
DTP*292*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
DTP*292*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)

For additional information, refer to Table 27: 271 Part A and Part B Plan Level Deductible.

7.7 Medicare Plan Level Part B Deductible and Coinsurance Business Rules

The purpose of this section is to explain the HETS 270/271 application business rules for Part B deductible and coinsurance amounts. Section 7.7.1 STC Financial Business Rules illustrates the business rules for STCs. Section 7.7.2 Medicare HCPCS Code Financial Business Rules illustrates the business rules for supported HCPCS codes.

7.7.1 STC Financial Business Rules

- The 271 response returns the following Part B Plan Level financial information in the 2110C loop on every 271 response when a supported STC, non-supported STC, or no STC is submitted, and the Medicare Beneficiary is Part B entitled:
    - The Part B base deductible amount for every calendar year within the date/date range on the 270 request.
    - The Part B remaining deductible amount for every calendar year within the date/date range on the 270 request.
    - The Part B coinsurance amount for every calendar year within the date/date range sent within a 270 request.
- Medicare beneficiaries that are enrolled in the Part B Immunosuppressive Drug Benefit (Part B-ID) program are responsible for Part B deductible and coinsurance payment. The 271 response for Part B-ID periods will include Medicare Part B deductible and coinsurance financials for STC 30 only. Part B-ID only covers immunosuppressive drugs; no other items or services are covered.
- The 271 response returns the Part B deductible and coinsurance percentage as zero dollar free services for STC 5, 42, 67, 80, AJ, and/or CO in an additional 2110C loop when the Medicare Beneficiary is Part B entitled and any of the following conditions exist on the 270 request.
    - STCs 5, 42, 67, 80, AJ, or CO are explicitly requested
    - STCs 1, 30 or MH are requested

  - HETS responds as if STC 30 was requested - refer to Section 7.2 General Transaction Notes

- Deductible and coinsurance are not applicable for STC 80 COVID-19 vaccination. Financial liability information for STC 80 COVID-19 vaccination will only be returned for the current year.
- Deductible and coinsurance are not applicable for STC CO Influenza (Flu) vaccination. Financial liability information for STC CO Flu vaccination will only be returned for the current year.
- Example segments returned in a 271 response:

Part B Deductible Financial Data

EB*C**30*MB**23*257~ (EB07 = Part B Base Deductible 2025)
DTP*291*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
EB*C**30*MB**23*240~ (EB07 = Part B Base Deductible 2024)
DTP*291*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)
EB*C**30*MB**29*0~ (EB07 = Part B Remaining Deductible 2025)
DTP*291*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
EB*C**30*MB**29*0~ (EB07 = Part B Remaining Deductible 2024)
DTP*291*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)
EB*A**30*MB**27**.2~ (EB08 = Plan Level Coinsurance Percentage 2021)
DTP*291*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
EB*A**30*MB**27**.2~ (EB08 = Plan Level Coinsurance Percentage 2020)
DTP*291*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)

Covered at 100% -- Part B

EB*C**5^42^67^80^AJ^CO*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable)
DTP*292*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)
EB*C**5^42^67^AJ*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable)
DTP*292*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)
EB*A**5^42^67^80^AJ^CO*MB**27*0~ (EB07 = 0 to display the Part B Coinsurance is not applicable)
DTP*292*RD8*20250101-20251231~ (Dates within calendar year when no QMB enrollment is present)

EB*A**5^42^67^AJ*MB**27*0~ (EB07 = 0 to display the Part B Coinsurance is not applicable)
DTP*292*RD8*20240101-20241231~ (Dates within calendar year when no QMB enrollment is present)

For additional information, refer to Table 28: 271 Part B Plan Level Coinsurance.

7.7.2 Medicare HCPCS Code Financial Business Rules

The 271 response returns Part B HCPCS financial data in the 2110C loop with the current system transaction processing date for the supported HCPCS code submitted when:

- The next eligible date year is prior to or equal to the current year. The current year is determined by the year of the system date on which the 270 request is received by the HETS 270/271 application.
- The Beneficiary is not dual-eligible for both Medicare and Medicaid (QMB) as of the current system transaction processing date. Refer to Section 7.21 Qualified Medicare Beneficiary (QMB) Period Business Rules for additional information.
- Example segments returned in a 271 response:

  Part B Deductible Amount:

  EB*C***MB**23*0******HC|80061~ (EB07 = Deductible Amount of “0”, EB13-2 = HCPCS code)
  DTP*292*D8*CCYYMMDD~ (DTP03 = the current system transaction processing date)

  Part B Coinsurance Amount:

  EB*A***MB**27*0******HC|80061~ (EB07 = Coinsurance Amount of “0”, EB13-2 = HCPCS code)
  DTP*292*D8*CCYYMMDD~ (DTP03 = the current system transaction processing date)

For additional information, refer to Table 29: 271 Part B Plan Level Deductible - Supported HCPCS Codes and Table 30: 271 Part B Plan Level Coinsurance - Supported HCPCS Codes.

7.8 Medicare Part A Hospital and Skilled Nursing Facility (SNF) Spells Business Rules

- STC 47, 48, 49, AG, A5 or A7 must be sent within a 270 request to receive Hospital Spell data in the 271 response.
    - Prior Hospital stay dates and the rendering facility NPI.
    - Hospital Base days and Hospital remaining days and copayment amounts return with Hospital Spell data.
    - Lifetime reserve base days, Lifetime remaining days and copayment amount return with Hospital Spell data.

- STC AG must be sent within a 270 request to receive SNF data in the 271 response.
    - A SNF stay will always be accompanied by a prior Hospital stay.
    - Prior SNF stay dates and the rendering facility NPI.
    - Hospital Base days and Hospital remaining days and copayment amounts return with SNF Spell data.
- The 271 response returns all Hospital/SNF spells that fall within 60 days of the date or date range specified in the 270 request.
- If a single Hospital/SNF spell spans more than one calendar year, the 271 response returns the daily copayment amounts associated with the beginning year of the spell.
- If there is no Hospital/SNF spell within 60 days of the requested date(s) of service, the 271 response returns default values for Part A Spell data.
- The dates of a Hospital/SNF spell (2110C loop, Element DTP01 = “435”) return as the Date of Earliest Billing Activity (DOEBA) through the Date of Latest Billing Activity (DOLBA) for the overall spell.
- In addition to the Hospital/SNF spell DOEBA-DOLBA, the 271 response also includes dates of individual Hospital/SNF stays within the complete spell if the necessary STCs are included in the 270 request.
    - Different stay types (Hospital or SNF) will be returned in separate 271 EB loops.
    - If there are multiple stays with the same rendering NPI during one spell, the 271 response will return multiple DTP segments (representing multiple stays) under one EB loop. If there are more than 20 stays for the same rendering NPI during one spell, then multiple EB loops will be present.
    - Multiple spells or stays are grouped by spell and returned in following order:
        - Hospital stays in descending order (most recent first) then
        - SNF stays in descending order (most recent first)
- Overlapping Hospital spells may indicate a change in Medicare Beneficiary primary entitlement from Medicare Part A to an MA plan. Please review the response to determine if the Medicare Beneficiary is covered by Medicare Part A or an MA plan.
- STC A7 must be sent within a 270 request to receive Lifetime Psychiatric Limitation Data for Psychiatric Base Days and Psychiatric Remaining Days in the 271 response.
- Example segments returned in a 271 response:

Part A Hospital/SNF Spell and Stay Dates

EB*D**30*MA~
DTP*292*RD8*2024315-20240705~ (DTP03 = Spell DOEBA-DOLBA)
EB*D**48*MA~ (Hospital Stay)
DTP*435*RD8*20240315-20240327~ (DTP03 = Hospital Start & End Dates)
LS*2120~
NM1*FA*2******XX*1234567893~ (NM109 = billing Hospital NPI)
LE*2120~
EB*D**AH*MA~ (SNF Stays 1-3)
DTP*435*RD8*20240605-20240705~ (DTP03 = SNF Start & End Dates)
DTP*435*RD8*20240405-20240605~ (DTP03 = SNF Start & End Dates)
DTP*435*RD8*20240327-20240405~ (DTP03 = SNF Start & End Dates)
LS*2120~
NM1*FA*2******XX*1234567894~ (NM109 = billing SNF NPI)
LE*2120~

Hospital Days Base

EB*B**30*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A Spell)
HSD***DA**30*0~ (From Day 1)
HSD***DA**31*60~ (Thru Day 60)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
EB*B**30*MA**7*408~ (EB07 = $ for 2024 Medicare Part A Copayment Days)
HSD***DA**30*60~ (From Day 61)
HSD***DA**31*90~ (Thru Day 90)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)

Hospital Days Base as Remaining

EB*B**30*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A Spell)
HSD***DA**29*60~ (60 Days Remaining at $0 per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
EB*B**30*MA**7*408~ (EB07 = $ for 2024 Medicare Part A Copayment Days)
HSD***DA**29*30~ (30 Days Remaining at $ Amt per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)

Hospital Spell Days Remaining

EB*B**30*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A Spell)

HSD***DA**29*56~ (56 Days Remaining at $0 per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA) (Dates within DOEBA-DOLBA when no QMB enrollment is present)
EB*B**30*MA**7*408~ (EB07 = $ for 2024 Medicare Part A Copayment Days)
HSD***DA**29*30~ (30 Days Remaining at $ Amt per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA) (Dates within DOEBA-DOLBA when no QMB enrollment is present)

SNF Days Base

EB*B**AG*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A SNF Spell)
HSD***DA**30*0~ (From Day 1)
HSD***DA**31*20~ (Thru Day 20)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
EB*B**AG*MA**7*204~ (EB07 = $ Amt for 2024 Medicare Part A Copayment Days)
HSD***DA**30*20~ (From Day 21)
HSD***DA**31*100~ (Thru Day 100)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)

SNF Days Base as Remaining

EB*B**AG*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A SNF Spell)
HSD***DA**29*20~ (20 Days Remaining at $0 per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
EB*B**AG*MA**7*204~ (EB07 = $ Amt for 2024 Medicare Part A Copayment Days)
HSD***DA**29*80~ (80 Days Remaining at $ Amt per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)

SNF Spell Days Remaining

EB*B**AG*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A SNF Spell)
HSD***DA**29*18~ (18 Days Remaining at $0 per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA) (Dates within DOEBA-DOLBA when no QMB enrollment is present)

EB*B**AG*MA**7*204~ (EB07 = $ Amt for 2024 Medicare Part A Copayment Days)
HSD***DA**29*80~ (80 Days Remaining at $ Amt per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA) (Dates within DOEBA-DOLBA when no QMB enrollment is present)

Lifetime Reserve Days

EB*K**30*MA**32***DY*60~ (EB10 = Lifetime Base Days)
EB*K**30*MA**33***DY*58~ (EB10 = Lifetime Remaining Days)
EB*K**30*MA**7*816~ (2024 Copayment Amt per Day)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)

Lifetime Psychiatric Limitation Days

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

For additional information, refer to Table 31: 271 Part A Hospital/SNF Spell Data and Table 32: 271 Part A Hospital and SNF Data.

7.9 Home Health Periods Business Rules

- Home Health information for all periods that overlap the requested date(s) will only be returned on the 271 response when STC “42” is sent within a 270 request.
- The DTP03 dates associated with DTP01 = “472” are the Home Health period Start and End Date(s).
- The DTP03 dates associated with DTP01 = “193” and “194” are the Home Health period DOEBA and DOLBA.
- When EB13 = “HC|G0180”, the DTP03 date associated with DTP01 = “193” is the Home Health period Certification Date.
- When EB13 = “HC|G0179”, the DTP03 date associated with DTP01 = “193” is the Home Health period Recertification Date.
- If available, the 271 Home Health response includes an MSG segment that contains the Home Health patient status code. The MSG segment includes both the Home Health patient status code and its description. If there is no patient status code on file, then the MSG segment will not be returned.
- If available, the 271 Home Health response includes an MSG segment that contains the Home Health Notice of Admissions (NOA) indicator. Home Health Providers use the NOA Indicator to determine if the Medicare Beneficiary was transferred from another facility. The MSG segment includes the NOA label and NOA indicator. The description of each NOA indicator is listed below. If there is no NOA indicator on the file, then the MSG segment will not be returned.

Table 13: NOA Indicator Values

NOA Indicator Value	NOA Indicator Meaning
1	NOA received without condition code 47
2	NOA received with condition code 47

- Home Health NPI return in the 2120C Loop NM109 element. The HETS 270/271 application will use multiple loops to return both the Contractor ID and the Provider ID.
- If a Contractor name is unavailable, HETS returns the Contract Number alone without the Contractor name.
- Example segments returned in a 271 response:

  Home Health Benefit Data if Beneficiary is Medicare entitled

  EB*X**42***26~ (EB03 = Home Health Care)
  DTP*472*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Home Health Start and End Dates)
  DTP*193*D8*CCYYMMDD~ (DTP03 = DOEBA)
  DTP*194*D8*CCYYMMDD~ (DTP03 = DOLBA)
  MSG*<PatientStatusCode> - <PatientStatusCodeText>
  MSG*NOA - <NOA Indicator>
  LS*2120~
  NM1*PR*2*MAC*****PI*12345~ (NM103=Contractor Name[1]; NM109 = Contractor Number)
  NM1*1P*1******XX*1234567893~ (NM109 = Provider NPI)
  LE*2120~
  EB*X***********HC|G0180~
  DTP*193*D8*CCYYMMDD~ (Home Health Certification Start Date)
  EB*X***********HC|G0179~
  DTP*193*D8*CCYYMMDD~ (Home Health Recertification Start Date)

For additional information, refer to Table 33: 271 Home Health Data.

[1] If Contractor Name is unavailable, NM103 is not returned.

7.10 Preventive Care Business Rules

Eligibility/Benefit for Medicare Advantage (MA)
Questions regarding eligibility, coverage, and payment for Medicare Advantage (MA) should be directed to the appropriate MA plan(s) identified in the eligibility response. Each MA plan can have different out-of-pocket costs and specific rules for getting and billing services. You must follow the MA plan's terms and conditions for payment.

- Preventive services are described by HCPCS codes. Although there are many HCPCS codes for which Medicare provides payment, HETS supports a limited list of HCPCS codes for preventive benefit information. If a Medicare Provider includes a supported HCPCS code on a 270 request and all other submitted data matches and is formatted correctly, HETS may return additional information in the 271 response.
- Preventive care information displays current date information only. No inference about historical eligibility can be made based on the returned next eligible dates. The next eligible date is the date on which the Medicare Beneficiary is eligible to receive services specified by the HCPCS.
- Preventive services returned on the HETS 271 response comply with all existing Medicare coverage policy rules. If HETS does not return preventive eligibility data for a specific code, please review Medicare coverage information for that specific code to ensure that the Medicare Beneficiary meets all coverage criteria.
- The HETS 270/271 application ignores any procedure modifier value in EQ02-3 of the 2110C loop when received on a 270 request.
- Eligibility for preventive services returns in individual 2110C loops within a 271 response when supported HCPCS codes are submitted for a Medicare Beneficiary with active Part B entitlement and does not have a Date of Death on file at the time of the 270 request.
- Refer to Section 7.7.2 Medicare HCPCS Code Financial Business Rules for details about Medicare Part B financial data that may be returned for Preventive services.
- HETS returns two different types of benefit information for preventive services. Those two different types of preventive service benefit responses are outlined in the following two sub-sections.

7.10.1 Preventive HCPCS Codes Which Return Next Eligible Dates

- When applicable, the following HCPCS codes will return a next eligible date for services – that is, the date on which the Medicare Beneficiary is eligible to receive services specified by the HCPCS. The next eligible date may be a future date (meaning the service cannot be rendered at this time) or might be a historic date and therefore the Medicare Beneficiary is currently eligible for this service. Supported preventive HCPCS codes will return information in the 271 response

based on prior usage of those HCPCS codes for preventive service only. Preventive care information displays current date information only. No inference about historical eligibility can be made based on the returned next eligible dates.

- Annual Alcohol Misuse Screening includes code G0442 and G0443.
- Annual Depression Screening includes code G0444.
- Cardiovascular Disease Screening (CARD) includes codes 80061, 82465, 83718, and 84478.
- Colorectal Cancer Screening (COLO) includes codes 0464U, 74263, 81528, G0104, G0105, G0121, and G0327.
- Computed Tomography Bone Mineral Density Study includes code 77078.
- Computed Tomography, thorax, low dose for lung cancer screening, without contrast material(s) includes code 71271.
- Diabetes Screening Tests (DIAB) includes codes 82947, 82950, 82951, and 83036.
- Dual Energy X-ray Absorptiometry (DXA) Bone Density Study; axial skeleton includes code 77080.
- DXA Bone Density Study; appendicular skeleton includes code 77081.
- Fecal Occult Blood Test (FOBT) includes codes G0328 and 82270.
- Glaucoma Screening (GLAU) includes codes G0117 and G0118.
- Human Papillomavirus (HPV) for Cervical Cancer Screening includes code G0476.
- Intensive Behavioral Counseling for Obesity includes code G0447 and G0473.
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) includes code G0446.
- Initial Preventive Physical Examination[2] (IPPE) includes codes G0402, G0403, G0404, and G0405.
- Prostate Cancer Screening (PROS) includes codes G0102 and G0103.
- Screening and Highly Intensive Behavioral Counseling (HIBC) to prevent STIs includes code G0445.

[2] 271 responses for IPPE HCPCS codes may, in certain circumstances, return a 271 2110C EB loop indicating that the Medicare Beneficiary is ineligible for this service.

- Screening Mammography (MAMM) includes codes 77067.
- Screening Pelvic Exam (PCBE) includes code G0101.
- Single Energy X-ray Study includes code G0130.
- Ultrasound Bone Density Measurement and Interpretation includes code 76977.
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) includes code 76706.

- If the technical and professional components of a HCPCS code have different next eligible dates, then the 271 response returns a separate 2110C loop for each date.
- Example segments returned in a 271 response for HCPCS codes with a next eligible date:

  Preventive Care with the same Professional and Technical dates

  EB*D***MB*********HC|G0121~ (EB13-2 = HCPCS code)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Date)

  Preventive Care with different Professional and Technical dates for HCPCS codes and modifiers

  EB*D***MB*********HC|G0103|26~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*20150701~ (DTP03 = Next Eligible Professional Date)
  EB*D***MB*********HC|G0103|TC~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*20150601~ (DTP03 = Next Eligible Technical Date)

For additional information, refer to Table 34: 271 HCPCS Benefit Data.

7.10.2 Preventive HCPCS Codes Which Return Prior Service History

- The 271 response provides prior service history for certain preventive service HCPCS codes in individual 2110C loops. This occurs when supported HCPCS codes are submitted for a Medicare Beneficiary with active Part B entitlement and no Date of Death on file at the time of the 270 request. The HCPCS codes detailed in this section, when applicable and with available data, will return prior service history for the Medicare Beneficiary. Depending on the requested preventive service HCPCS code, HETS may return either the most recent service history or multiple instances of prior service history. For more details, refer to the subsections below. In all cases, the prior service history record includes the service date and the NPI of the rendering or provider for each relevant HCPCS code (when data is available). Supported preventive HCPCS codes will return information in the 271 response based on prior usage of those HCPCS codes for preventive service only.
- Prior service history for preventive services delivered to beneficiaries while they are in a Medicare Advantage plan will not be included in the HETS 271 response.

7.10.2.1 Preventive HCPCS Codes Which Return Most Recent Service History Only

- When applicable, the following HCPCS codes will return only the most recent instance of service for the following preventive HCPCS codes.
    - Hepatitis B Virus (HBV) in Adults Screening includes codes 86704, 86706, 87340, 87341 and G0499.
    - Hepatitis C Virus (HCV) in Adults Screening includes codes G0472 and G0567.

      Human Immunodeficiency Virus (HIV) Infection Screening and PRe-exposure Prophylaxis (PReP) includes codes 80081, G0011, G0013, G0432, G0433, G0435 and G0475.
- HETS will, when applicable and available, return the most recent service history information, including date of service and NPI, for these requested HCPCS codes that were delivered and billed via Medicare.
- HETS returns Part B financial information for HBV, HCV, HIV and/or PReP HCPCS codes when prior service history is available for supported HCPCS codes.
- If no HBV, HCV, HIV or PReP prior service history is on file, then no Part B financial information **or** prior service history will be returned.

7.10.2.2 Preventive HCPCS Codes Which May Return Multiple Service History Records

- When applicable, the following HCPCS codes will return up to ten instances of service (those being the most recent service dates) for the following preventive HCPCS codes.
    - Pneumococcal Vaccine (PPV) includes codes 90670, 90671, 90677, 90684 and 90732.
- HETS will, when applicable and available, return up to ten instances of service history information, including date of service and NPI, for these requested HCPCS codes that were delivered and billed via Medicare multiple times.
    - Up to ten historical date(s) of service may be returned for each PPV HCPCS code based on prior usage.
- HETS returns Part B financial information for PPV HCPCS codes when prior service history is available for supported PPV HCPCS codes.
- If no PPV prior service history is on file, then no Part B financial information **or** prior service history will be returned.

7.10.2.3 Example of Preventive HCPCS Codes Which Return Prior Service

History

- Example segments returned in a 271 response for requested HCPCS codes G0567 (HCV), G0433 (HIV/PReP), and 90684 (PPV) – all of which are preventive services which may return prior service history:

  EB*D***MB*********HC|90684~ (EB13-2 = PPV HCPCS code 90684)
  DTP*472*D8*20250105~ (DTP03 = Most Recent date of service for HCPCS code 90684)
  LS*2120~
  NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI for HCPCS 90684)
  LE*2120~
  EB*D***MB*********HC|90684~ (EB13-2 = PPV HCPCS code 90684)
  DTP*472*D8*20240105~ (DTP03 = Second Most Recent date of service for HCPCS code 90684)
  LS*2120~
  NM1*1P*2******XX*1987654323~ (NM109 = rendering NPI for HCPCS 90684)
  LE*2120~
  EB*D***MB*********HC|G0433~ (EB13-2 = HIV/PReP HCPCS code G0433)
  DTP*472*D8*20231105~ (DTP03 = date of service for HCPCS code G0433)
  LS*2120~
  NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI for HCPCS G0433)
  LE*2120~
  EB*D***MB*********HC|G0567~ (EB13-2 = HCV HCPCS code G0567)
  DTP*472*D8*20230105~ (DTP03 = date of service for HCPCS code G0567)
  LS*2120~
  NM1*1P*2******XX*1234567890~ (NM109 = Provider NPI for HCPCS G0567)
  LE*2120~

  For additional information, refer to Table 34: 271 HCPCS Benefit Data.

7.11 Smoking/Tobacco Cessation Counseling Business Rules

- Eligibility for smoking/tobacco cessation counseling benefits return within a 271 response when STC “67” is submitted for a Medicare Beneficiary with active Part B entitlement and does not have a Date of Death on file at the time of the 270 request.
- The 271 response returns both the base number and the number of remaining smoking/tobacco cessation counseling sessions. If any counseling sessions have been used in the last 12 months (based on the HETS 270/271 system date), the initial cessation session date of the period will also be returned. Any previous

smoking/tobacco cessation periods will not be returned. No next eligible date will be returned, but Medicare Providers can interpret the presence of a smoking/tobacco cessation initial session date within the last 12 months to determine Medicare Beneficiary eligibility.

- Example segments returned in a 271 response:

  No Prior Smoking/Tobacco Cessation Counseling Usage within 12 Months

  EB*F**67*MB**22***VS*8~ (EB10 = Smoking Cessation Base Sessions)
  HSD*VS*8***29~ (HSD02 = Smoking Cessation Remaining Sessions)

  OR

  Prior Smoking/Tobacco Cessation Counseling Usage within 12 Months

  EB*F**67*MB**22***VS*8~ (EB10 = Smoking Cessation Base Sessions)
  HSD*VS*3***29~ (HSD02 = Smoking Cessation Remaining Sessions)
  DTP*292*D8*20180501~ (DTP03 = Smoking Cessation Initial Session Date)

For additional information, refer to Table 35: 271 Smoking/Tobacco Cessation Data.

7.12 Therapy Services Business Rules

- The dollar amount used by the Medicare Beneficiary for therapy services returns for all years within the requested date(s) of service, when the Medicare Beneficiary was also entitled to Part B at any time during those year(s) and when STC “AD”, “AE” and/or “AF” is sent within a 270 request.
- The 271 response will not return Therapy service information when:
  - The Medicare Beneficiary was deceased prior to the start of that year.
  - The Medicare Beneficiary had an inactive period of Part B entitlement that spanned the entire calendar year.
- The 271 response returns the coverage status for AE and AF if either AE or AF is sent within a 270 request except when the requested date(s) of service start date is after the Date of Death or if the Medicare Beneficiary is ineligible.
- The 271 response returns EB03 = “AE” to represent a combined usage for Physical and Speech Therapy.
- Example segments returned in a 271 response:

  Therapy Services

  EB*D**AD*MB***200~ (EB03 = AD for Occupational Therapy, EB07 = $200 Therapy Amount Used)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (Calendar Year)
  MSG*Used Amount~

  EB*D**AE*MB***500~ (EB03 = AE for Physical/Speech Therapy, EB07 = $500 Therapy Amount Used)

DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (Calendar Year)
MSG*Used Amount~

For additional information, refer to Table 36: 271 Therapy Services Data.

7.13 Pulmonary Rehabilitation Services Business Rules

- The 271 response returns eligibility for Pulmonary Rehabilitation (PR) services when the data is available and STC “BF” is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request. Professional and/or Technical Sessions Remaining may be returned.
- Example segments returned in a 271 response:

Pulmonary Rehabilitation Services

EB*F**BF*MB**29***CA*72~ (EB10 = PR Sessions Remaining)
MSG*Technical~
EB*F**BF*MB**29***CA*72~ (EB10 = PR Sessions Remaining)
MSG*Professional~

For additional information, refer to Table 37: 271 Pulmonary Rehabilitation Services.

7.14 Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Services Business Rules

- The 271 response returns eligibility for Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) services when the data is available and STC “BG” is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request. Professional and/or Technical Sessions Used may be returned.
- Example segments returned in a 271 response:

Cardiac Rehabilitation Services

EB*F**BG*MB*****99*72~ (EB10 = CR Sessions Used)
MSG*Technical~
EB*F**BG*MB*****99*72~ (EB10 = CR Sessions Used)
MSG*Professional~

Intensive Cardiac Rehabilitation Services

EB*F**BG*MB*****99*72~ (EB10 = ICR Sessions Used)
MSG*Intensive Cardiac Rehabilitation - Technical~
EB*F**BG*MB*****99*72~ (EB10 = ICR Sessions Used)
MSG*Intensive Cardiac Rehabilitation - Professional~

For additional information, refer to Table 38: 271 Cardiac Rehabilitation Services and Table 39: 271 Intensive Cardiac Rehabilitation Services.

7.15 End Stage Renal Disease (ESRD) Periods Business Rules

- STC ‘CQ’ or “RN” must be sent within a 270 request to receive ESRD dialysis coverage status and benefit information in a 271 response.

- The HETS 271 response will only return ESRD Coverage Period(s) that overlap with the date(s) of service submitted on the 270 request. If the returned ESRD Coverage Period(s) include ESRD Clinical Dialysis and/or ESRD Transplant Effective Date(s), then the HETS 271 response will also return that information. ESRD Clinical Dialysis and Transplant data may be historically limited (i.e., only going back six years or similar).
- The HETS 271 response for ESRD Coverage Period(s) includes the ESRD Coverage Period(s) effective date and, when applicable, also includes the following:
    - ESRD Coverage Period End Date
    - ESRD Clinical Dialysis Start Date
    - ESRD Clinical Dialysis End Date
    - ESRD Transplant Effective Date
- The HETS 271 response for ESRD coverage does not include dialysis method code or method start date.
- Example segments returned in a 271 response:

  ESRD coverage with no ESRD end date

  EB*D**RN~ (ESRD benefit information)
  DTP*292*D8*CCYYMMDD~ (DTP01 ‘292’ = ESRD coverage period; DTP03 = ESRD coverage start date only)

  ESRD coverage with an ESRD end date

  EB*D**RN~ (ESRD benefit information)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD)~ (DTP01 ‘292’ = ESRD coverage period; DTP03 = ESRD coverage start and end dates)

  ESRD coverage with ESRD clinical dialysis start and end dates

  EB*D**RN~ (ESRD benefit information)

  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP01 ‘292’ = ESRD coverage period; DTP03 = ESRD coverage start and end dates)

  DTP*472*RD8*CCYYMMDD-CCYYMMDD~ (DTP01 ‘472’ = ESRD dialysis; DTP03 = ESRD clinical dialysis dates)

  ESRD coverage with ESRD clinical dialysis start and end dates plus ESRD transplant effective date

  EB*D**RN~ (ESRD benefit information)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD)~ (DTP01 ‘292’ = ESRD coverage period; DTP03 = ESRD coverage start and end dates)
  DTP*472*RD8*CCYYMMDD-CCYYMMDD~ (DTP01 ‘472’ = ESRD dialysis; DTP03 = ESRD clinical dialysis dates)

DTP*096*D8*CCYYMMDD~ (DTP01 ‘096’ = ESRD transplant; DTP03 = transplant effective date)

For additional information, refer to Table 40: 271 ESRD Data.

7.16 Hospice Care Periods Business Rules

- The Hospice section provides eligibility information when the Hospice benefit is effective and, when applicable, when the Hospice period terminates. When Hospice coverage is elected, the Medicare Beneficiary waives all rights to Medicare payments for services that are related to the treatment and management of their terminal illness during any period their Hospice benefit election is in effect, unless the services are provided by the designated Hospice or provided by another Hospice under arrangements made by the designated Hospice. The one exception is for professional services of an attending physician, which may include a nurse practitioner. If the attending physician, who may be a nurse practitioner, is an employee of the designated Hospice Provider, they may not receive compensation from the Hospice for those services under Part B. These physician-professional services are billed to Medicare Part A by the Hospice.
- The 271 response returns Hospice information when:
    - STC 45 is sent within the 270 request and
    - The Medicare Beneficiary is Part A entitled for at least one day within the date(s) requested on the 270.
- The 271 Hospice response includes Hospice benefit periods and/or Notices of Election (NOE) that appear on the Medicare Beneficiary’s file, regardless of the date(s) of service submitted on the 270 request. The 271 Hospice response includes all available Hospice Election (NOE) period and Hospice benefit period data (up to a maximum of 180 NOE periods, plus up to a maximum of 180 billed Hospice benefit periods). Hospice Providers should utilize the returned Hospice NOE and/or billed benefit periods to determine Hospice status.
- The 271 Hospice response may include the following elements:

  Hospice Election (NOE)

    - Hospice Election Date
    - Hospice Election Receipt Date
    - Hospice Election Revocation Date
    - Hospice Election Revocation Indicator
    - Hospice Election NPI

  Hospice Benefit Period

    - Hospice Benefit Period Days Used

- Hospice Benefit Period Effective Date
- Hospice Benefit Period Termination Date
- Hospice Benefit Period Date of Earliest Billing Activity (DOEBA)
- Hospice Benefit Period Date of Latest Billing Activity (DOLBA)
- Hospice Benefit Period NPI

- The 271 response returns Revocation Codes in an MSG segment for each Hospice Election; this value utilizes the Revocation Code from the Election. Revocation Code values returned by the HETS 270/271 application are:

  Medicare Beneficiary in Hospice Care

  "0" – Not revoked, open spell

  Medicare Beneficiary with Hospice Care Revoked

  "1" – Revoked by notice of revocation
  "2" – Revoked by notice of revocation with a non-payment code of "N" and an occurrence code of "42"
  "3" – Revoked by a Hospice claim with an occurrence code of "23"

- The HETS 271 response typically includes the NPI number of the Hospice facility. There are a limited number of historic Hospice records that do not contain a valid rendering facility NPI number; HETS does not return a rendering Hospice NPI for these very limited cases.

- Example segments returned in a 271 response:

  Hospice Care with one NOE and three Hospice Benefit Periods

  EB*X**45*MA**26~
  DTP*292*D8*20240301~ (DTP03 = Election Date)
  DTP*318*D8*20240323~ (DTP03 = Election Receipt Date)
  DTP*349*D8*20240713~ (DTP03 = Election Revocation Date)
  MSG*Revocation Code – 1~ (Election Revocation Code)
  LS*2120~
  NM1*1P*2******XX*1234567893~ (NM109 = Election NPI)
  LE*2120~
  EB*X**45*MA**26~
  HSD*DY*45~ (Hospice days used in this billed Hospice Benefit Period)
  DTP*292*RD8*20240530-20240713~ (DTP03 = Hospice Benefit Period Effective Date & Termination Date)
  DTP*435*RD8*20240530-20240713~ (DTP03 = Hospice Benefit Period DOEBA-DOLBA)
  LS*2120~
  NM1*1P*2******XX*1649726464~ (NM109 = Hospice Benefit Period NPI)
  LE*2120~
  EB*X**45*MA**26~
  HSD*DY*20~ (Hospice days used in this billed Hospice Benefit Period)

DTP*292*RD8*20240501-20240520~ (DTP03 = Hospice Benefit Period Effective Date & Termination Date)
DTP*435*RD8*20240501-20240520~ (DTP03 = Hospice Benefit Period DOEBA-DOLBA)
LS*2120~
NM1*1P*2******XX*1649726464~ (NM109 = Hospice Benefit Period NPI)
LE*2120~
EB*X**45*MA**26~
HSD*DY*30~ (Hospice days used in this billed Hospice Benefit Period)
DTP*292*RD8*20240301-20240330~ (DTP03 = Hospice Benefit Period Effective Date & Termination Date)
DTP*435*RD8*20240301-20240330~ (DTP03 = Hospice Benefit Period DOEBA-DOLBA)
LS*2120~
NM1*1P*2******XX*1649726464~ (NM109 = Hospice Benefit Period NPI)
LE*2120~

For additional information, refer to Table 41: 271 Hospice Data.

7.17 Blood Deductible Business Rules

- The base number of units for which the Medicare Beneficiary is liable per year and the number of units remaining for the annual blood deductible return for all years within the requested date(s) of service, when the Medicare Beneficiary was entitled to either Medicare Part A or Part B at any time during those year(s) and when STC “10” is sent within a 270 request.
- Annual blood deductible does not return when:
    - The Medicare Beneficiary was deceased prior to the start of that year.
    - The Medicare Beneficiary had an inactive period that spanned the entire calendar year.
- Example segments returned in a 271 response:

Blood Deductible

EB*E**10***23***DB*3~ (EB10 = Units Excluded)
HSD*FL*2***29~ (HSD02 = Units Remaining)
DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Calendar Year)

For additional information, refer to Table 42: 271 Blood Deductible Data.

7.18 Part D Plan Enrollment Business Rules

- All Medicare Part D plans with enrollment periods that overlap the requested date(s) of service return within the 271 response.
- Trading Partners are advised to contact the plans if there are any questions about the plan terms and conditions. In addition, indication of coverage does not

imply or guarantee payment by the plan. Trading Partners should contact the plan for full benefit and billing information.

- For information on how to contact plans go to http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/index.html and choose “PDP Plan Directory.”
- MA plans that offer Prescription Drug Coverage as a part of an HMO, PPO, POS, or Indemnity plan return twice – once with the “OT” designation to indicate Prescription Drug Coverage and once with the appropriate qualifiers for their MA Plan Type.
- MA plans that only offer Prescription Drug Coverage return once, with the “OT” designation.
- Example segments returned in a 271 response:

Part D Coverage Status

EB*1**88~

Part D Enrollment

EB*R**88*OT~ (EB04 = OT – Prescription Drug Coverage)
REF*18*S12345~ (REF02 = Contract Number)
REF*N6*001*PLANNAME~ (REF02 = Plan Number, REF03 = Plan Name)
DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Part D Enrollment and Disenrollment Dates)
LS*2120~
NM1*PR*2*ABC DRUG COMPANY~ (NM103 = Contract Name)
N3*PO BOX 123~ (N301 = Contract Street Address)
N4*ANYTOWN*MD*999999999~ (N401 = Contract City, N402 = Contract State, N403 = Contract Zip)
PER*IC**TE*8001234567*UR*www.plan.com~ (PER04 = Plan Telephone Number, PER06 = Contract Website Address)
LE*2120~

For additional information, refer to Table 25: 271 Part D Plan Coverage and Table 43: 271 Part D Enrollment Data.

7.19 MA Plan Enrollment Business Rules

Eligibility/Benefit for Medicare Advantage (MA)
Questions regarding eligibility, coverage, and payment for Medicare Advantage (MA) should be directed to the appropriate MA plan(s) identified in the eligibility response. Each MA plan can have different out-of-pocket costs and specific rules for getting and billing services. You must follow the MA plan's terms and conditions for payment.

- All Medicare Beneficiary MA plans with enrollment periods that overlap the requested date(s) of service return within the 271 response.
- The 271 response returns one of the following qualifiers within element EB04 in the 2110C loop for each MA enrollment:
    - HM for Health Maintenance Organization (HMO) Medicare Non-Risk
    - HN for HMO Medicare Risk
    - IN for Indemnity
    - PR for Preferred Provider Organization (PPO)
    - PS for Point of Service (POS)
- The 271 response returns only the most recent plan designation (HMO, Indemnity, PPO, POS) for an MA contract, even if the contract's plan designation has changed since the Medicare Beneficiary originally enrolled in the contract.
- MA Bill Option Code returns for Insurance Type Code values "HM", "HN", "IN", "PR" and "PS." The MA Bill Option Codes returned in the 271 response are:

  Medicare Beneficiary "locked in" to MA
  "A" – Fiscal Intermediary should process all claims
  "B" – MA should process only in-plan Part A claims and in-area Part B claims
  "C" – MA should process all claims

  Medicare Beneficiary NOT "locked in" to MA
  "1" – Fiscal Intermediary should process all claims
  "2" – MA should process only in-plan Part A claims and in-area Part B claims
- The 271 response returns a 271 2110C EB01 value of "U" when the Beneficiary is enrolled in an MA plan. While HETS does return basic MA plan information, CMS strongly recommends that Medicare Providers/Suppliers contact the MA plan directly to confirm the Beneficiary's MA plan eligibility information. In addition, indication of coverage does not imply or guarantee payment by the plan.
- The 271 response returns a 271 2110C EB03 value of "30^CQ" when the Beneficiary is enrolled in a MA plan and STC 'CQ' was included on the 270 request.

- For information on how to contact plans, go to http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/index.html and choose “MA Plan Directory.”
- MA plans that offer Prescription Drug Coverage as a part of an HMO, PPO, POS, or Indemnity plan return twice – once with the “OT” designation to indicate Prescription Drug Coverage and once with the appropriate qualifiers for their MA Plan Type.
- Example segments returned in a 271 response:

  MA

  EB*U**30*HN~ (EB04 = Plan Type)
  REF*18*H1234~ (REF02 = Contract Number)
  REF*N6*001*PLANNAME~ (REF02 = Plan Number, REF03 = Plan Name)
  DTP*290*D8*CCYYMMDD~ (DTP03 = MA Enrollment Date)
  MSG*MA Bill Option Code – C~
  LS*2120~
  NM1*PRP*2*ABC HEALTHCARE~ (NM103 = Contract Name)
  N3*PO BOX 123~ (N301 = Contract Street Address)
  N4*ANYTOWN*MD*999999999~ (N401 = Contract City, N402 = Contract State, N403 = Contract Zip)
  PER*IC**TE*8001234567*UR*www.plan.com~ (PER04 = Plan Telephone Number, PER06 = Contract Website Address)
  LE*2120~

For additional information, refer to Table 44: 271 Medicare Advantage (MA) Enrollment Data.

7.20 Medicare Secondary Payer (MSP) Enrollment Business Rules

- The 271 response returns all Medicare Beneficiary insurance coverage policies that are primary to Medicare coverage, if the enrollment period overlaps the requested date(s) of service.
- If applicable, all MSP diagnosis codes related to each Medicare Beneficiary MSP enrollment period(s) return in the 271 response. The 271 response returns one MSG segment for each applicable MSP enrollment; the MSG segment for diagnosis codes includes all MSP diagnosis codes related to the specific MSP enrollment period. The 271 response may return multiple MSG segments with diagnosis codes if the Medicare Beneficiary has multiple applicable MSP enrollment periods. The 271 response only returns ICD-10 codes. The 271 response will not return MSP diagnosis codes that are known to be invalid.
- The 271 MSP response may include the following elements. If data is not available, the MSP segment will not be returned:

  MSP Data

  - MSP Insurance Type Code

- MSP Policy Number
- MSP Insurance Group Number or Date of Loss[3]
- MSP Enrollment Date(s)
- MSP Last Maintenance Date
- MSP Ongoing Responsibility for Medicals (ORM) Indicator[4]
- MSP Diagnosis Codes
- MSP Source Code (and text value)
- MSP Patient Relationship Code (and text value)
- MSP Plan Address Information

- Example segments returned in a 271 MSP response:

EB*R**30*14~ (EB04 = MSP Insurance Type Code)
REF*IG*355877442~ (REF02 = MSP Policy Number)
REF*6P*721029~ (REF02 = MSP Group Number or DOL)
DTP*290*D8*20240211~ (Ongoing MSP enrollment period)
DTP*636*D8*20240410~ (DTP03 = MSP last maintenance date)
MSG*ORM – Y~ (ORM Indicator Value)
MSG*M545,M542,M25512,M25412,S40012A,G5622~ (MSP diagnosis codes)
MSG*Source Code- 22-11122-MIR Non-Group Health Plan~ (MSG01 = MSP Source Code & text value)
MSG*Patient Relationship- 01-Patient is insured~ (MSG01 = MSP Patient Relationship Code & text value)
LS*2120~
NM1*PRP*2*XYZ HEALTHPLAN~
N3*987 BROADWAY~
N4*ANYTOWN*HI*999999999~
LE*2120~
EB*R**30*47~ (EB04 = MSP Insurance Type Code)
REF*IG* 21-3915209~ (REF02 = MSP Policy Number)
REF*6P* DOL - 08242021~ (REF02 = MSP Group Number or DOL)
DTP*290*RD8* 20210107-20230107~ (DTP03 = Completed MSP enrollment period)

[3] The HETS 271 MSP response with REF01 equal to '6P' will include either the MSP Insurance Group Number or the MSP Date of Loss. If the returned value is a series of zeroes, this indicates that while there is an MSP enrollment record in CWF, the CWF record does not include the actual MSP Insurance Group Number. If the returned value begins with the acronym 'DOL' (Date of Loss) then the subsequent value is the Date of Loss. DOL is the date of accident or the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis, or the first date that a medical practitioner made a formal diagnosis.

[4] Providers should utilize the ORM indicator, and the MSP case dates to make their billing determination when MSP Insurance Type Code is 14, 15, 47 or WC. Additional information about MSP ORM is available at CMS.gov.

DTP*636*D8* 20230818~ (DTP03 = MSP last maintenance date)
MSG* S6990XA~ (MSP diagnosis code)
MSG*Source Code- 5-11105-Employer Voluntary Reporting~ (MSG01 = MSP Source Code & text value)
MSG*Patient Relationship- 01-Patient is insured~ (MSG01 = MSP Patient Relationship Code & text value)
LS*2120~
NM1*PRP*2*ABC HEALTHPLAN~
N3*123 MAIN ST~
N4*ANYTOWN*MD*21204~
LE*2120~

For additional information, refer to Table 45: 271 Medicare Secondary Payer (MSP) Enrollment Data.

7.21 Qualified Medicare Beneficiary (QMB) Period Business Rules

- The 271 response returns a 2110C loop for applicable beneficiaries to indicate periods where the Beneficiary is enrolled in the Qualified Medicare Beneficiary (QMB) program. QMB-enrolled beneficiaries are dually eligible for both Medicare and Medicaid. Beneficiaries enrolled in the QMB program are not liable for Medicare co-insurance, co-payments, or deductible payments. Note that QMB status may fluctuate for a minority of beneficiaries. If the HETS response indicates that the Beneficiary QMB enrollment has terminated, please verify the patient's QMB status through State online Medicaid eligibility systems or other documentation, including Medicaid Identification cards and documents issued by the State proving the patient qualifies for the QMB program.
- QMB Periods only return in the 271 when the Beneficiary has the appropriate Medicare entitlement and the QMB enrollment intersects at least one of the following:
    - One day within a calendar year contained in the request date(s) or unique DOEBA year of any spell being returned.
    - The DOEBA-DOLBA of any spell being returned.
    - The current date.
- The 271 response returns QMB period financials in separate 2110C loop EB segments with EB04 = 'QM' and with unique DTP segment(s) reflecting dates when the Beneficiary is enrolled in a QMB period and financial details.
- The 271 response does not return Medicare Part A and Part B Free Services financial 2110C loop EB segments for dates within the calendar year(s) requested when the Beneficiary is enrolled in a QMB period.
- The 271 response does not return financial information for preventive HCPCS codes when the Beneficiary is dual-eligible for both Medicare and Medicaid (QMB) as of the current system transactions processing date.

- Beneficiaries can be QMB-enrolled at the same time they are enrolled in the Medicare Part B Immunosuppressive Drug Benefit (Part B-ID). In these situations, the 271 would return both the Part B-ID enrollment as well as the QMB enrollment.
- Example QMB segments returned in a 271 response:
    - Example of a QMB Enrollment Period returned in a 271 2110C loop:

      EB*R***QM*State QMB Plan~ (EB05 = State Code + “QMB Plan”)
      DTP*290*RD8*CCYYMMDD-CCYYMMDD~ (DTP02 = D8 if the QMB Period is ongoing, RD8 if the QMB period has an end date)
    - Example of a QMB Part A Base Deductible Period returned in a 271 2110C loop:

      EB*C**30*QM*Medicare Part A*26*0~
      DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
    - Example of a QMB Part A Hospital Days Base returned in a 271 2110C loop:

      EB*B**30*QM*Medicare Part A*26*0~
      HSD***DA**30*0~
      HSD***DA**31*60~
      HSD*****26*1~
      DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
      EB*B**30*QM*Medicare Part A*7*0~
      HSD***DA**30*60~
      HSD***DA**31*90~
      HSD*****26*1~
      DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
    - Example of a QMB Part A Hospital Days Base as Remaining returned in a 271 2110C loop:

      EB*B**30*QM*Medicare Part A*26*0~
      HSD***DA**29*60~
      HSD*****26*1~
      DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
      EB*B**30*QM*Medicare Part A*7*0~
      HSD***DA**29*30~
      HSD*****26*1~
      DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part A Hospital Days Remaining returned in a 271 2110C loop:

  EB*B**30*QM*Medicare Part A*26*0~
  HSD***DA**29*50~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**30*QM*Medicare Part A*7*0~
  HSD***DA**29*30~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Base returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**30*0~
  HSD***DA**31*20~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**AG*QM*Medicare Part A*7*0~
  HSD***DA**30*20~
  HSD***DA**31*100~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Base as Remaining returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**29*20~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**AG*QM*Medicare Part A*7*0~
  HSD***DA**29*80~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Remaining returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**29*20~

HSD*****26*1~
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)
EB*B**AG*QM*Medicare Part A*7*0~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part A Lifetime Reserve returned in a 271 2110C loop:

  EB*K**30*QM*Medicare Part A*7*0~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part B Base Deductible returned in a 271 2110C loop:

  EB*C**30*QM*Medicare Part B*23*0~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part B Coinsurance returned in a 271 2110C loop:

  EB*A**30*QM*Medicare Part B*27*0~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

For additional information, refer to Table 46: 271 Qualified Medicare Beneficiary (QMB) Periods.

7.22 Medicare Diabetes Prevention Program (MDPP) Business Rules

- The information below is specific to MDPP information that can be supplied by HETS 270/271. HETS Submitters should refer to CMS MDPP policy information for details about the program, including billing rules. CMS MDPP information is available online here: https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program/faq
- HETS 270/271 supports Service Type Code ‘CQ’ (‘Case Management’) in the HETS 270 request. HETS Submitters can utilize the ‘CQ’ STC to request eligibility details for the Medicare Diabetes Prevention Program (MDPP). When this STC is present on the HETS 270 request and all other provided information creates a match, the 271 response includes Medicare Beneficiary eligibility, historic details from up to 50 previous MDPP benefit usage records (if applicable) and zero patient financial liability for MDPP services. If applicable to the Medicare Beneficiary, the 271 response also returns End Stage Renal Disease

(ESRD) information when STC 'CQ' is present. The 271 response returns MDPP Eligibility separately from other Part B Covered Services, reflecting only requested dates.

- Active Medicare Part B coverage is required for MDPP eligibility. Medicare beneficiaries that have opted for Medicare Advantage coverage should contact their Medicare Advantage plan for MDPP Coverage Information. Medicare beneficiaries in an active ESRD occurrence are not MDPP eligible.
- The 271 response includes any MDPP Period 2 end date that is provided to HETS by the upstream data source. The MDPP Period 2 end date may be a historic, current, or future date value. The MDPP Provider should consider all provided details when calculating service eligibility.
- If eligible, the 271 response returns HCPCS codes for MDPP services previously rendered for the Medicare Beneficiary. Medicare Providers can utilize this historical MDPP usage information to determine the next available MDPP service for a Medicare Beneficiary.

  Based on prior MDPP usage, HETS 270/271 can potentially return the following MDPP HCPCS codes on a 271 response:

  - The 271 response returns the MDPP HCPCS code, the Billing Provider NPI and the date of service for each utilized MDPP HCPCS code. Potential MDPP HCPCS codes that can be returned as actual usage are G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9886, G9887, G9888, G9890, and G9891.
  - Based on prior usage, MDPP HCPCS codes G9886, G9887, G9888, G9890 and G9891 can be returned multiple times. All other MDPP HCPCS codes are once-in-a-lifetime services and only return once in a 271 response.
- Current MDPP policy allows same-day delivery of multiple MDPP sessions (regular and make-up session). The HETS MDPP 271 response returns all prior usage information obtained from the upstream data source. It is possible for the HETS MDPP 271 response to include two MDPP occurrences with the same date of service, HCPCS code, and rendering NPI.
- In addition to the prior usage information for MDPP HCPCS codes, HETS also returns enhanced eligibility information for MDPP HCPCS G9886 and G9888.
- When available, the 271 response for these specific MDPP HCPCS will also include the number of remaining sessions for these services.
  - The number of remaining sessions for MDPP HCPCS G9886 is a combined count for sessions billed using either HCPCS G9886 or G9887.
  - The 271 response returns the number of remaining sessions for G9886 **only**; the number of remaining sessions for G9887 will not be returned. The sessions remaining response for G9886 will include an MSG segment to

remind Medicare Providers that the sessions remaining for HCPCS G9886 and G9887 are a combined count of in-person and distance learning counseling sessions.

- While the 271 response may include the MDPP HCPCS listed above, HETS 270/271 does not support use of these MDPP HCPCS codes on a 270 request. HETS 270/271 will disregard these HCPCS codes if submitted on a 270 request. Submitters requesting prior MDPP usage information on the 271 response should submit STC 'CQ.'
- The HETS 270/271 application returns a limited eligibility response for MDPP-only suppliers. An NPI's status as a MDPP supplier is determined via the 'D1' specialty code on the NPI record. MDPP suppliers can contact MCARE for additional information regarding this limited eligibility response. The limited eligibility response for MDPP suppliers disregards any non-MDPP related STCs and/or HCPCS codes submitted in the request.
- Example MDPP segments returned in a normal 271 response:

EB*1**CQ*MB~
DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = MDPP entitlement period)
DTP*194*D8*CCYYMMDD~ (DTP03 = MDPP End Date of Period 2)
EB*C**CQ*MB**23*0~ (EB07 = deductible amount of "0")
DTP*292*RD8*CCYYMMDD-CCYYMMDD~
EB*A**CQ*MB**27*0~ (EB07 = coinsurance amount of "0")
DTP*292*RD8* CCYYMMDD-CCYYMMDD~
EB*F***MB*********HC|G9886~ (Sessions remaining – G9886)
HSD*VS*17***29~ (HSD02 = Session count, HSD05 = 'Remaining')
MSG*MDPP HCPCS G9886 and G9887 remaining count is a combined value~
EB*F***MB*********HC|G9888~ (Sessions remaining – G9888)
HSD*VS*10***29~ (HSD02 = Session count, HSD05 = 'Remaining')
EB*D***MB*********HC|G9886~ (MDPP HCPCS code with prior service)
DTP*472*D8*20250110~ (date of service)
LS*2120~
NM1*1P*2******XX*1222222223~ (NPI rendering MDPP service)
LE*2120~
EB*D***MB*********HC|G9886~ (MDPP HCPCS code with prior service)
DTP*472*D8*20250110~ (Same date of service – make-up session)
LS*2120~
NM1*1P*2******XX*1222222223~
LE*2120~
EB*D***MB*********HC|G9886~ (HCPCS code G9886 can be returned multiple times)
DTP*472*D8*20240827~
LS*2120~
NM1*1P*2******XX*1222222223~
LE*2120~

EB*D***MB*********HC|G9886~
DTP*472*D8*20240720~
LS*2120~
NM1*1P*2******XX*1111111113~ (Different NPI rendering MDPP service)
LE*2120~
EB*D***MB*********HC|G9874~ (Different MDPP HCPCS code)
DTP*472*D8*20240630~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*D***MB*********HC|G9873~ (Different MDPP HCPCS code)
DTP*472*D8*20240605~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~

For additional information, refer to Table 47: 271 Medicare Diabetes Prevention Program (MDPP) Services.

7.23 Acupuncture Services Business Rules

- Eligibility for acupuncture benefits return within a 271 response when STC “64” is submitted for a Medicare Beneficiary with active Part B entitlement and does not have a Date of Death on file at the time of the 270 request. The 271 response may include the following components:
    - Number of Technical Sessions Remaining
    - Next Technical Date
    - Number of Professional Sessions Remaining
    - Next Professional Date
- No more than twenty acupuncture treatments may be administered in a rolling one-year period per CMS guidelines. The rolling one-year period is based on the initial date of service. Example: If the first session is performed on March 21, 2024, services in the next service year cannot be performed before March 1, 2025. Eleven full months must pass from the date of the initial service before a new rolling year can begin.
- If the number of sessions remain equals twenty (20), then the value returned in the 271 2110C DTP03 element equals the next eligible date. If the number of sessions remaining is one through nineteen (‘1’ – ‘19’), then the value returned in the 271 2110C DTP03 element is the first acupuncture session in the current rolling one year period. If the Medicare Beneficiary does not have active Medicare Part B entitlement and/or has a Date of Death on file, HETS will return zero (‘0’) sessions remaining and no 271 2110C DTP loop would be returned.
- Example segments returned in a 271 response:

Acupuncture Services

EB*F**64*MB**29***CA*19~ (EB10 = Technical Sessions Remaining)
DTP*472*D8*20210107~ (DTP03 = First Technical Session, current annual period)
MSG*Technical~
EB*F**64*MB**29***CA*20~ (EB10 = Professional Sessions Remaining)
DTP*472*D8*20201110~ (DTP03 = Next Professional Eligible Date)
MSG*Professional ~

For additional information, refer to Table 48: 271 Acupuncture Services.

7.24 Vaccination Business Rules

Eligibility/Benefit for Medicare Advantage (MA)
Questions regarding eligibility, coverage, and payment for Medicare Advantage (MA) should be directed to the appropriate MA plan(s) identified in the eligibility response. Each MA plan can have different out-of-pocket costs and specific rules for getting and billing services. You must follow the MA plan's terms and conditions for payment.

- The HETS 270/271 application supports Service Type Codes for COVID-19 and Influenza vaccination in the 270 request. Each vaccination service requires a unique Service Type Code and returns information separately in the 271 response.

7.24.1 COVID-19 Vaccination Business Rules

- Prior COVID-19 vaccination services return on a 271 response when STC '80' (Immunizations) is submitted on a valid 270 request for a Medicare Beneficiary with active Part B entitlement **and** does not have a Date of Death on file at the time of the request.
- HETS returns the most recent information for COVID-19 vaccine and/or vaccination administration. The HETS 271 response for COVID-19 vaccination will include the following service components:
    - Applicable Current Procedural Terminology (CPT) or HCPCS code(s) for each COVID-19 vaccination (vaccine and/or vaccination administration)
    - Vaccination Date
    - Rendering Medicare Provider NPI Number (when available)
- The HETS 271 response does not include any information about COVID-19 monoclonal antibodies.
- The HETS 271 response for COVID-19 vaccination plan level eligibility typically returns this data via separate 271 2110C EB & DTP loops. These separate DTP loops will return COVID-19 vaccination eligibility based on the current HETS

system date only. If applicable, COVID-19 and Influenza (Flu) vaccination plan level eligibility may be returned via combined 271 2110C EB & DTP loops.

- Deductible and coinsurance are not applicable for COVID-19 vaccination; financial liability information for COVID-19 vaccination will only be returned for the current year.
- Example segments returned in a 271 response:

Vaccination Example 1 - Medicare Beneficiary with received three doses of COVID-19 Vaccine A.

EB*1**80*MB~ (Indicator the Beneficiary is eligible for Vaccination under Part B)
DTP*771*D8*CCYYMMDD~ (DTP03 = Current HETS system date)
EB*C**80*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable)
DTP*292*RD8*20250101-20251231~ (Current calendar year)
EB*A**80*MB**27**0~ (EB07 = 0 to display the Part B Coinsurance is not applicable)
DTP*292*RD8*20250101-20251231~ (Current calendar year)
EB*D**********HC|91300~ (EB13-2 = COVID-19 Vaccine Code 91300)
DTP*472*D8*20210823~ (DTP03 = Third Vaccination Date - 91300)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI - 91300)
LE*2120~
EB*D**********HC|0003A~ (EB13-2 = Administration Code - 0003A)
DTP*472*D8*20210823~ (DTP03 = Third Vaccination Date - 0003A)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI - 0003A)
LE*2120~
EB*D**********HC|0002A~ (EB13-2 = Administration Code - 0002A)
DTP*472*D8*20210123~ (DTP03 = Second Vaccination Date - 0002A)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI - 0002A)
LE*2120~
EB*D**********HC|0001A~ (EB13-2 = Administration Code - 0001A)
DTP*472*D8*20201221~ (DTP03 = First Vaccination Date - 0001A)
LS*2120~
NM1*1P*2******XX*1987654323~ (NM109 = rendering NPI - 0001A)
LE*2120~

Vaccination Example 2 - Medicare Beneficiary with received two doses of COVID-19 Vaccine B.

EB*1**80*MB~ (Indicator the Beneficiary is eligible for Vaccination under Part B)
DTP*771*D8*CCYYMMDD~ (DTP03 = Current HETS system date)
EB*C**80*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable)

DTP*292*RD8*20250101-20251231~ (Current calendar year)
EB*A**80*MB**27**0~ (EB07 = 0 to display the Part B Coinsurance is not applicable)
DTP*292*RD8*20250101-20251231~ (Current calendar year)
EB*D**********HC|0012A~ (EB13-2 = Administration Code - 0012A)
DTP*472*D8*20210206~ (DTP03 = Second Vaccination Date - 0012A)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI - 0012A)
LE*2120~
EB*D**********HC|0011A~ (EB13-2 = Administration Code - 0011A)
DTP*472*D8*20210107~ (DTP03 = First Vaccination Date - 0011A)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI - 0011A)
LE*2120~

For additional information, refer to Table 49: 271 Vaccination.

7.24.2 Influenza (Flu) Vaccination Business Rules

- Prior Influenza (Flu) vaccination services return on a 271 response when STC ‘CO’ (Flu Vaccination) is submitted on a valid 270 request for a Medicare Beneficiary with active Part B entitlement and does not have a Date of Death on file at the time of the request.
- HETS returns prior vaccination data for services billed through CMS. Flu vaccinations obtained through Medicare Advantage or public health services will not be included in the HETS 271 response.
- HETS returns all Flu vaccination data for services that were delivered within the last 18 months (based upon the current system date).
- The HETS 271 response for Flu vaccination will include the following service components:
    - Applicable Current Procedural Terminology (CPT) or HCPCS code(s) for each Flu vaccination (vaccine and/or vaccination administration)
    - Vaccination Date
    - Rendering Medicare Provider NPI Number (when available)
- The HETS 271 response for Flu vaccination plan level eligibility typically returns this data via separate 271 2110C EB and DTP loops. These separate DTP loops will return Flu vaccination eligibility based on the current HETS system date only. If applicable, Flu and COVID-19 vaccination plan level eligibility may be returned via combined 271 2110C EB and DTP loops.
- Deductible and coinsurance are not applicable for Flu vaccination; financial liability information for Flu vaccination will only be returned for the current year

- The 271 response for each Flu vaccination service will typically include both vaccine and vaccine administration codes for each service.
- Example segments returned in a 271 response:

  EB*1**CO*MB~ (Indicator the Beneficiary is eligible for Vaccination under Part B)
  DTP*771*D8*CCYYMMDD~ (DTP03 = Current HETS system date)
  EB*C**CO*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (Current calendar year)
  EB*A**CO*MB**27**0~ (EB07 = 0 to display the Part B Coinsurance is not applicable)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (Current calendar year)
  EB*D**********HC|90657~ (EB13-2 = Flu Vaccine HCPCS code 90657)
  DTP*472*D8*20241023~ (DTP03 = Corresponding date of service for HCPCS code 90657)
  LS*2120~
  NM1*1P*2******XX*1987654323~ (NM109 = rendering NPI for HCPCS 90657)
  LE*2120~
  EB*D**********HC|90674~ (EB13-2 = Flu Vaccine HCPCS code 90674)
  DTP*472*D8*20231023~ (DTP03 = Corresponding date of service for HCPCS code 90674)
  LS*2120~
  NM1*1P*2******XX*1987654323~ (NM109 = rendering NPI for HCPCS 90674)
  LE*2120~

For additional information, refer to Table 49: 271 Vaccination.

7.25 Cognitive Assessment and Care Plan Services Business Rules

- The 271 response returns eligibility for Cognitive Assessment and Care Plan services when the data is available and STC “BD” (Cognitive Therapy) is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request. HETS will not return this information if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the requested date(s) of service.
- The 271 response includes all prior Cognitive Assessment and Care Plan services rendered during the requested date(s) of service. If there were no services provided during the requested date(s) of service, then the 271 includes the most recent service occurrence (if applicable).
- The HETS 271 response for Cognitive Assessment and Care Plan services may include the following components:
  - Prior Cognitive Assessment and Care Plan HCPCS (99483)

- Date of service
- Rendering Provider NPI

- Example segments returned in a 271 response:

EB*D**********HC|99483~ (EB13-2 = Cognitive HCPCS code 99483)
DTP*472*D8*20210123~ (DTP03 = Most Recent date of service for HCPCS code 99483)
LS*2120~
NM1*1P*2******XX*1234567893~ (NM109 = rendering NPI for HCPCS 99483)
LE*2120~
EB*D**********HC|99483~ (EB13-2 = Cognitive HCPCS code 99483)
DTP*472*D8*20190101~ (DTP03 = Second Most Recent date of service for HCPCS code 99483)
LS*2120~
NM1*1P*2******XX*1987654323~ (NM109 = rendering NPI for HCPCS 99483)
LE*2120~

For additional information, refer to Table 50: 271 Cognitive Assessment and Care Plan.

7.26 Part B Immunosuppressive Drug Benefit Business Rules

- The Part B Immunosuppressive Drug Benefit (Part B-ID) helps people with Medicare pay for immunosuppressive drugs beyond 36 months following a kidney transplant (if they do not have other health care coverage). The benefit only covers immunosuppressive drugs; no other items or services are covered.

- The 271 response indicates Medicare Part B coverage for Part B-ID enrollees when the requested date(s) of service include a period where the individual is enrolled in the Part B-ID benefit. The 271 response will return up to ten (10) Part B-ID enrollment periods that intersect with the requested date(s) of service. The requested date(s) of service must be on or prior to any recorded Date of Death on file.

- If the 270 request dates of service include a range of dates where the Medicare Beneficiary was entitled to or enrolled in multiple types of Medicare coverage, (e.g., traditional Medicare, Medicare Advantage, Part B-ID) then the 271 response will include specific dates and entitlement/enrollment details for each coverage period.

- The HETS 271 response will include a Medicare Part B enrollment reason in the 271 2110C MSG segment: “MSG*P-Part B Immunosuppressive Drug Benefit~”. See Table 11 Potential MSG Segments for additional information. The HETS 271 response will return Part B-ID coverage as active Medicare Part B enrollment only.

- When Medicare Providers or Suppliers see enrollment reason code ‘P’ it means the individual only has Part B-ID coverage for immunosuppressive drugs. No other Part B services can be rendered or billed for these beneficiaries.

- The 271 response for Part B-ID will indicate active Medicare Part B coverage limited to:

    - Part B-ID Enrollment
    - Part B Financials (Deductible/Coinsurance)

- The 271 response for Part B-ID coverage periods will indicate inactive coverage or, through normal omission, indicate no coverage for the requested date(s) of service for the following:

    - Medicare Part A (inactive)
    - Medicare Part D (inactive)

- The HETS 271 response for Part B-ID coverage periods will never include Medicare Advantage (MA) or Medicare Secondary Payer (MSP) data.

- All benefit specific Service Type Codes or HCPCS codes submitted on the 270 requests will return as inactive benefits on the 271 response when the Medicare Beneficiary is enrolled in the Part B-ID program for the requested date(s) of service.

- Part B-ID coverage periods can overlap with Qualified Medicare Beneficiary (QMB) periods where the individual has state administered Medicaid coverage.

Part B-ID Example 1

Example of a Medicare Beneficiary who has active Part B-ID coverage effective 1/1/2025. The Beneficiary does not have QMB coverage.

270 Date of Eligibility Request: 12/15/2024

270 Dates of Service: 1/1/2025 – 1/4/2025

270 Requested Service Type Codes: 30 (health benefit plan coverage), RN (Renal)

270 Requested HCPCS code: 86704

271 Date of Eligibility Response: 12/15/2024

271 Dates of Service: 1/1/2025 – 1/4/2025

271 Responded Service Type Codes:

- 30 (health benefit plan coverage) – returns as inactive for Part A, active for Part B due to Part B-ID enrollment.

- RN (Renal) – returns as inactive. Part B-ID only covers immunosuppressive drugs; no other items or services are covered.

271 Requested HCPCS code: 86704 – returns as inactive. Part B-ID only covers immunosuppressive drugs; no other items or services are covered

271 returns Medicare Part A & Medicare Part D as inactive for this Part B-ID Beneficiary.

Medicare Part B coinsurance & deductible are applicable and included on the 271 response.

DTP*307*RD8*20250101-20250104~ (DTP03 – Requested dates of service)
EB*I**41^54~
EB*6**88~
EB*6**30^RN*MA~
EB*1**30*MB~
DTP*291*D8*20250101~
MSG*P–Part B Immunosuppressive Drug Benefit~
EB*6**2^23^24^25^26^27^28^3^33^36^37^38^39^40^42^50^51^52^53^67^69^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^DM^RN^UC*MB~
EB*C**30*MB**23*226~
DTP*291*RD8*20250101-20251231~
EB*C**30*MB**29*226~
DTP*291*RD8*20250101-20251231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20250101-20251231~
EB*6***MB*********HC|86704~

Part B-ID Example 2

Example of a Medicare Beneficiary who has active Part B-ID coverage effective 1/1/2025. The Beneficiary also has QMB coverage.

270 Date of Eligibility Request: 12/15/2024

270 Dates of Service: 1/1/2025 – 1/4/2025

270 Requested Service Type Codes: 30 (health benefit plan coverage), 81 (routine physical)

270 Requested HCPCS code: None

271 Date of Eligibility Response: 12/15/2024

271 Dates of Service: 1/1/2025 – 1/4/2025

271 Responded Service Type Codes:

- 30 (health benefit plan coverage) – returns as inactive for Part A, active for Part B due to Part B-ID enrollment.

- 81 (routine physical) – returns as inactive. Part B-ID only covers immunosuppressive drugs; no other items or services are covered.

271 returns Medicare Part A & Medicare Part D as inactive for this Part B-ID Beneficiary.

Medicare Part B coinsurance & deductible are applicable and included on the 271 response.

271 returns QMB coverage via the State of Massachusetts (effective 3/1/2024) and waives Part B deductible and coinsurance.

DTP*307*RD8*20250101-20250104~ (DTP03 – Requested dates of service)
EB*I**41^54~
EB*6**88~
EB*R***QM*MA QMB Plan~
DTP*290*D8*20240301~
EB*6**30*MA~
EB*1**30*MB~
DTP*291*D8*20250101~
MSG*P–Part B Immunosuppressive Drug Benefit~
EB*6**2^23^24^25^26^27^28^3^33^36^37^38^39^40^42^50^51^52^53^67^69^71^73^76^81^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^BZ^DM^UC*MB~
EB*C**30*QM*Medicare Part B*23*0~
DTP*291*RD8*20250101-20251231~
EB*A**30*QM*Medicare Part B*27**0~
DTP*291*RD8*20250101-20251231~

Part B-ID Example 3

Example of a Medicare Beneficiary who has active Part B-ID coverage effective 1/1/2025. The Beneficiary also had prior Medicare Part A & B coverage for ESRD – that coverage terminated on 1/31/2024.

270 Date of Eligibility Request: 12/15/2024

270 Dates of Service: 12/1/2023 – 1/4/2025

270 Requested Service Type Codes: 30 (health benefit plan coverage)

271 Date of Eligibility Response: 12/15/2024

271 Dates of Service: 12/1/2023 – 1/4/2025

The date of service request includes a period (1/1/2024 – 1/31/2024) when the individual was entitled to Medicare Part A & B for ESRD. The 271 response will show that historic coverage and its termination date. The 271 response will also show active coverage for Part B-ID enrollment beginning 1/1/2025.

For the period 1/1/2024 – 1/31/2024 – the HETS 271 response returns active Part A & B coverage for ESRD.

For the period 2/1/2024 – 12/31/2024 – the HETS 271 response shows no active Medicare coverage.

For the period 1/1/2025 – 1/4/2025 – the HETS 271 response shows active Part B-ID coverage.

DTP*307*RD8*20231201-20250104~ (DTP03 – Requested dates of service)
EB*I**41^54~
EB*6**88~
EB*1**30^42^45^48^49^69^76^83^A5^A7^AG^BU^BV*MA~
DTP*291*RD8*20240101-20240131~
MSG*2-Beneficiary insured due to End Stage Renal Disease ESRD~
EB*C**30*MA**26*1632~
DTP*291*RD8*20240101-20241231~
EB*C**30*MA**29*1632~
DTP*291*RD8*20240101-20241231~
EB*C**42^45*MA**26*0~
DTP*292*RD8*20240101-20241231~
EB*1**30*MB~
DTP*291*D8*20250101~
MSG*P–Part B Immunosuppressive Drug Benefit~
EB*1**30^2^23^24^25^26^27^28^3^33^36^37^38^39^40^42^50^51^52^53^67^69^71^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^BZ^DM^UC*MB~
DTP*291*RD8*20240101-20240131~
MSG*2-Beneficiary insured due to End Stage Renal Disease ESRD~

EB*C**30*MB**23*257~
DTP*291*RD8*20250101-20251231~
EB*C**30*MB**23*240~
DTP*291*RD8*20240101-20241231~
EB*C**30*MB**29*257~
DTP*291*RD8*20250101-20251231~
EB*C**30*MB**29*0~
DTP*291*RD8*20240101-20241231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20250101-20251231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20240101-20241231~
EB*C**42^67^AJ*MB**23*0~
DTP*292*RD8*20240101-20241231~
EB*A**42^67^AJ*MB**27**0~
DTP*292*RD8*20240101-20241231~

7.27 Audiology Diagnostic Testing Business Rules

- The 271 response returns eligibility for Audiology Diagnostic Testing when the data is available and STC “71” (Audiology Exam) is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request. HETS will not return this information if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the requested date(s) of service.
- Select audiology diagnostic testing HCPCS codes that can be returned on a 271 response are: 92550, 92552, 92553, 92555, 92556, 92557, 92562, 92563, 92565, 92567,92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92601, 92602, 92603, 92604, 92620, 92621, 92622, 92623, 92625, 92626, 92627, 92640, 92651, 92652, and 92653.
- When available, the HETS 271 response for these select audiology HCPCS codes will return a CWF calculated next eligible date from upstream systems for services – that is, the date on which the Medicare Beneficiary is eligible to receive services specified by the HCPCS codes.
    - The next eligible date may be a future date (meaning the service cannot be rendered at this time) or it might be an historic date and, therefore, the Medicare Beneficiary is currently eligible for this service.
    - The HETS 271 response for audiology diagnostic testing displays current date information only. No inference about historical eligibility can be made based on the returned next eligible dates.
- Refer to Section 7.7.2 Medicare HCPCS Code Financial Business Rules for details about Medicare Part B financial data that may be returned for audiology diagnostic testing services. Part B financial data for audiology diagnostic testing services would be returned after Part B financial data for preventive services.

- If the technical and professional components of a HCPCS code have different next eligible dates, then the 271 response returns a separate 2110C loop for each date.
- If the audiology diagnostic testing service includes only a professional component, then the 271 detail for that service includes a HCPCS modifier indicating the next eligible date is for professional services only.
- Example segments returned in a 271 response for audiology diagnostic testing HCPCS codes:

  Audiology Diagnostic Testing with Professional component only

  EB*D***MB*********HC|92653|26~ (EB13-2 = HCPCS code; EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Date)

  Audiology Diagnostic Testing with different Professional and Technical dates

  EB*D***MB*********HC|92587|26~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Professional Date)
  EB*D***MB*********HC|92587|TC~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Technical Date)

Additional information about audiology services is available at CMS.gov. For additional information, refer to Table 52: 271 Audiology Benefit Data.

7.28 Annual Wellness Visit Business Rules

- The 271 response returns eligibility for the Annual Wellness Visit (AWV) when data is available and STC “BZ” (Physician Visit – Office: Well) is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request.
    - HETS will not return this information if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the requested date(s) of service.
- Select AWV HCPCS codes that can be returned on a 271 response are: G0438 and G0439.
- When available, the HETS 271 response for these select AWV HCPCS codes will return a CWF calculated next eligible date from upstream systems for services – that is, the date on which the Medicare Beneficiary is eligible to receive services specified by the HCPCS codes.
    - The next eligible date may be a future date (meaning the service cannot be rendered at this time) or it might be an historic date and, therefore, the Medicare Beneficiary is currently eligible for this service.

    - The HETS 271 response for AWV displays current date information only. No inference about historical eligibility can be made based on the returned next eligible dates.
- Financials for the AWV would be included in Part B financial data for preventive services. Refer to Section 7.7.2 Medicare HCPCS Code Financial Business Rules for details about Medicare Part B financial data that may be returned for the AWV.
- Example segments returned on a 271 response for AWV:

  EB*D***MB*********HC|G0438|26~ (EB13-2 = AWV HCPCS code)
  DTP*348*D8*20190626~ (DTP03 = Next Eligible Date, previously used)
  EB*D***MB*********HC|G0439|26~ (EB13-2 = AWV HCPCS code)
  DTP*348*D8*20251108~ (DTP03 = Next Eligible Date, future date)

For additional information, refer to Table 53: 271 Annual Wellness Visit Benefit Data.

7.29 Screening Pap Test Business Rules

- The 271 response returns eligibility for Screening Pap Tests when data is available and STC “BT” (Gynecological) is submitted for a Medicare Beneficiary with active Part B entitlement at the time of the 270 request.
    - HETS will not return this information if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the requested date(s) of service.
- Screening Pap Test is a Medicare Part B service only.
- Select Screening Pap Test HCPCS codes that can be returned on a 271 response are: Q0091, P3000, G0123, G0143, G0144, G0145, G0147 and G0148.
- When available, the HETS 271 response for these select Screening Pap Test HCPCS codes will return a CWF calculated next eligible date from upstream systems for services – that is, the date on which the Medicare Beneficiary is eligible to receive services specified by the HCPCS codes.
    - The next eligible date may be a future date (meaning the service cannot be rendered at this time) or it might be an historic date and, therefore, the Medicare Beneficiary is currently eligible for this service. The HETS 271 response for Screening Pap Tests displays current date information only. No inference about historical eligibility can be made based on the returned next eligible dates.
- Refer to Section 7.7.2 Medicare HCPCS Code Financial Business Rules for details about Medicare Part B financial data that may be returned for Screening Pap Tests. Financials for Screening Pap Tests would be included in Part B financial data for preventive services.

- If the technical and professional components of a HCPCS code have different next eligible dates, then the 271 response returns a separate 2110C loop for each date.
- If the diagnostic testing service includes only a professional component, then the 271 detail for that service includes a HCPCS modifier indicating the next eligible date is for professional services only.
- Example segments returned on a 271 response for Screening Pap Tests:

  Screening Pap Test with Professional component only

  EB*D***MB*********HC|P3000|26~ (EB13-2 = HCPCS code; EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Date)

  Screening Pap Test with different Professional and Technical dates

  EB*D***MB*********HC|Q0091|26~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Professional Date)
  EB*D***MB*********HC|Q0091|TC~ (EB13-2 = HCPCS code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Technical Date)

For additional information, refer to Table 54: 271 Screening Pap Test Benefit Data.

8 Acknowledgements and Error Codes

Only one response is sent for each 270 request that is submitted – a TA1, a 999, a 271, or a proprietary error message. There are no CMS reports regarding the 270/271 transactions available to Trading Partners.

8.1 TA1

The TA1 Interchange Acknowledgement is used by the HETS 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or CMS specific requirements of the ISA/IEA Interchange segments. The following are examples of when a TA1 may return if one of the conditions listed below exists:

- A 270 request is received, and the version of the transmission cannot be determined.
- A 270 request is received, and the version of the transmission is unsupported by the HETS 270/271 application. This includes previously accepted versions that are no longer supported.
- The Trading Partner is not authorized for the submitted X12 version.
- The sender is not authorized as an active HETS 270/271 Trading Partner.

8.2 999

The 999 Implementation Acknowledgement is used by the HETS 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or CMS specific requirements within the data segments between the Functional Group Header (GS) and Functional Group Trailer (GE). Refer to the ASC X12 999 version 005010X231A1 TR3 for additional information.

8.3 271

When the 270 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this *Companion Guide*, then a 271 response returns to the Trading Partner. If no error exists, the Medicare Beneficiary eligibility data returns within the 271 response. Refer to Section 10.2 271 Eligibility Response Transaction of this *Companion Guide* for more information.

The AAA error segment is utilized within the 271 response to communicate error conditions based on CMS business rules. The HETS 270/271 application returns the invalid or non-matching data element(s) from the 270 request for 2100C Loop AAA error codes 58, 62, 71, 72, and 73. The AAA error codes are specified in Table **14:** AAA Error Codes.

Table 14: AAA Error Codes

Loop	AAA01 Yes/ No Condition	AAA03 Reject Reason Code	AAA04 Follow-up Action Code
2100A	No	04 – When multiple Medicare beneficiaries are included on a single 270 request.	C
2100A	Yes	42 – When the system is unable to respond.	R
2100A	No	79 – When 270 2100A NM103 or NM109 Source identification is other than “CMS.”	C
2100A	No	T4 – When 270 2100A NM103 or NM109 is missing.	C
2100B	No	41 – When the National Provider Identifier (NPI) located at 2100B NM109 is a valid FFS Medicare NPI and exists in HETS Desktop (HDT), but there is no current, valid relationship between the NPI and the provided HETS Submitter ID. Ensure that there is a relationship between your Submitter ID and the NPI in HETS Desktop (HDT).	C
2100B	No	43 – When the 2100B NM101 is not equal to “1P”, “FA” or “80” or when the NPI located at 2100B NM109 has an invalid Medicare Provider status. If you believe that the NPI is a valid FFS Medicare Provider or supplier, contact your MAC for verification.	C
2100B	No	50 – When the NPI located at 2100B NM109 is a valid, FFS Medicare Provider or supplier but is not currently eligible to verify Medicare eligibility in HETS. Contact MCARE for further information.	C
2100B	No	51 – When the NPI located at 2100B NM109 is not on file with HETS. Verify that the NPI is a valid FFS Medicare Provider.	C
2100C	No	58 – When the 270 2100C DMG02 element and NM104 element are both missing.	C
2100C	No	62 – When the 270 2100C DTP03 element request date is more than 4 years in the past, or more than 4 months in the future from current day.	C
2100C	No	71 – When the 270 2100C DMG02 element does not match the Medicare Beneficiary DOB on the database.	C
2100C	No	72 – When the 270 2100C NM109 element is either: • An invalid length or cannot be matched to any MBI on the database, or • Missing. When the NM109 element is missing, the 271 AAA response will also return the value “MISSING” in the 271 2100C NM109	C

Loop	AAA01 Yes/ No Condition	AAA03 Reject Reason Code	AAA04 Follow-up Action Code
2100C	No	73 – When the 270 2100C NM103 element is missing, or the matching algorithm of the Medicare Beneficiary last name on the 270 request does not satisfy the matching algorithm of the Medicare Beneficiary last name in the database, or the last name is too long (41-60 characters in length).	C
2100C	No	73 – When the 270 2100C NM104 element does not satisfy the matching algorithm of the Medicare Beneficiary first name in the database, or the first name is too long (31-35 characters in length).	C

8.4 Proprietary Error Message

Proprietary error messages are sent only when it is impossible to formulate an X12 compliant response. The proprietary message will return error codes and descriptions. Trading Partners may contact MCARE for assistance with proprietary errors. The format for proprietary messages is described in Table 15**:** Proprietary Error Message Format.

Table 15: Proprietary Error Message Format

Data Element	Description	Size	Comments
Transaction ID	Transaction ID	4	Data content will be “HETS”
Transaction Reference Number	Trace Identification Number or (ISA13)	30	Spaces
Date/Time Stamp	System Date & Time	17	CCYYMMDDHHMMSSddd
Response Code Indicator	ISA Formatting Error	1	Space
Message Code	Error Code	8	Error code, refer to Table 15 Proprietary Error Message Format of this *Companion Guide*
Message Text Description	Error Descriptions	500	“Message Text Description”, refer to Table 16: Proprietary Error Message Codes of this *Companion Guide*

Table 16: Proprietary Error Message Codes describes the proprietary error message codes.

Table 16: Proprietary Error Message Codes

Message Code	Message Text Description
HTS00101	Transmission Wrapper SOH (hex = 01) is invalid or missing.
HTS00102	Transmission Wrapper STX (hex = 02) is invalid or missing.

Message Code	Message Text Description
HTS00103	ETX is not in the expected location.
HTS00104	Unexpected System Exception occurred while processing transaction. Please resubmit.
HTS00105	Transmission Wrapper Length invalid, missing or not numeric.
HTS00111	Transmission inbound message was empty.
HTS00158	Submitter ID/Transaction Source Mismatch.
HTS00160	The Transaction Envelope could not be read, please correct, and resubmit.
HTS00201	ISA13 not 9 characters in length.
HTS00203	ISA13 and IEA02 do not match.
HTS00204	ISA13 must be numeric.
HTS00206	ISA13 is missing.
HTS00207	IEA02 is missing.
HTS00208	IEA02 not 9 characters in length.
HTS00210	IEA02 must be numeric.
HTS00250	Certificate not valid for Submitter ID.

8.5 Common Error Processing for SOAP+WSDL and HTTP MIME/Multipart

The HETS 270/271 application processes SOAP and MIME transactions and returns errors as described in this section.

8.5.1 HTTP Status and Error Codes

The processing and error codes for the HTTP layer are defined as part of the HTTP specifications: https://www.rfc-editor.org/rfc/rfc9110.html. The intended use of these status and error codes in processing transactions is specified in Table 4.3.3.1 of the Phase II CORE 270: Connectivity Rule referenced in Section 4.3.3.3.

8.5.2 Envelope Processing Status and Error Codes

Table 17: Envelope Processing Status and Errors describes envelope processing status and error codes specific to the HETS 270/271 application for SOAP and MIME transactions.

Table 17: Envelope Processing Status and Errors

Error Code	Error Message
<FieldName>Illegal	Illegal value provided for <FieldName>.
<FieldName>Required	The field <FieldName> is required but was not provided.
VersionMismatch	The CORERuleVersion sent is not acceptable to the Receiver.
Success	Envelope was processed successfully.

SOAP-Specific Processing Errors
Table 18: SOAP-Specific Processing Errors describes examples of SOAP processing errors.

Table 18: SOAP-Specific Processing Errors

Error Code	Error Message
UnAuthorized	The signature could not be verified.

8.5.3 MIME-Specific Processing Errors

HETS does not return any MIME specific processing errors.

8.5.4 SOAP and MIME Transaction Error Processing

Transaction processing errors, described in Sections 8.1 TA1 through 8.4 Proprietary Error Message of this *Companion Guide*, are returned as a SOAP message or MIME Multipart/form-data containing the related response. Refer to those sections for additional information.

9 Trading Partner Agreements

To submit requests to the HETS 270/271 application, a prospective applicant must complete the Trading Partner registration process via submission of a HETS 270/271 Trading Partner Agreement (TPA). Refer to Section 2.2 Trading Partner Registration of this *Companion Guide* for information regarding registering as a Trading Partner.

HETS Trading Partners will promptly contact the MCARE Help Desk at 1-866-324-7315 if the name of the Authorized Representative listed on the TPA changes. HETS Trading Partners agree to recertify their HETS access annually by re-submitting a new TPA upon CMS request. Failure to complete the recertification process will result in the HETS Trading Partner's loss of access to the HETS 270/271 Application.

The HETS 270/271 application validates that the Clearinghouse or Provider has been established in the Trading Partner Management System (TPMS) prior to processing the 270 transaction. If the Trading Partner (ISA06) cannot be validated, the HETS 270/271 application returns a TA1 Interchange Acknowledgement as outlined in Section 8.1 TA1 of this *Companion Guide*.

Trading Partners may not send transactions to be executed with Usage Indicator (ISA15) = “P” until testing has been completed and approval to submit production transactions has been finalized. The HETS 270/271 application returns a TA105 = “020” error for an Invalid Test Indicator Value.

The Trading Partner Rules of Behavior are outlined within the Trading Partner Registration documentation. Please refer to Section 1.3 References of this *Companion Guide* for links to these documents.

10 Transaction Specific Information

This section defines specific requirements that CMS requires over and above the standard information in the ASC X12 270/271 version 005010X279A1 TR3 referenced in Section 1.1 Scope of this *Companion Guide*.

10.1 270 Eligibility Request Transaction

This section describes the values required by CMS in the 270 request. Any segments or elements not referenced in the following tables should be submitted on the 270 request as per the ASC X12 270/271 version 005010X279A1 TR3.

10.1.1 Information Source Level Structures

CMS is the Information Source for all Medicare Eligibility Transactions. Table 19**:** 270 Header and Information Source defines specific requirements for the header and information source data.

Table 19: 270 Header and Information Source

Loop ID	Reference	Name	X12 Codes	Notes/Comments
N/A	BHT	Beginning of Hierarchical Transaction	BHT	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
N/A	BHT02	Transaction Set Purpose Code	13	HETS does not support cancellations.
2100A	NM1	Information Source Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100A	NM102	Entity Type Qualifier	2	HETS does not support individuals as information sources.
2100A	NM103	Information Source Last or Organization Name	N/A	HETS always expects “CMS.”
2100A	NM109	Information Source Primary Identifier	N/A	HETS always expects “CMS.”

10.1.2 Information Receiver Level Structures

Trading Partners that submit transactions on behalf of a Provider must ensure that the correct, valid, and active Medicare Provider identification is submitted as the Information Receiver. Only National Provider Identifier (NPI) numbers are accepted. Table 20**:** 270 Information Receiver defines specific requirements for the Information Receiver data.

Table 20: 270 Information Receiver

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100B	NM1	Information Receiver Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100B	NM101	Entity Identifier Code	1P, 80, FA	HETS only sends responses for Providers, hospitals, and facilities.
2100B	NM109	Information Receiver Identification Number	N/A	The Medicare Enrolled Provider's NPI number.

10.1.3 Subscriber Level Structures

Trading Partners must ensure that only one Medicare Beneficiary request is submitted in the Subscriber Level for each 270 request. Table 21**:** 270 Subscriber defines specific requirements for the Subscriber Level data.

Table 21: 270 Subscriber

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	NM1	Subscriber Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	NM103	Subscriber Last Name	N/A	Last name is required for Medicare Beneficiary identification using the Primary or Alternate Search options. Maximum length allowable is 40 characters.
2100C	NM104	Subscriber First Name	N/A	First name is required for Medicare Beneficiary identification only when the Beneficiary's date of birth is not submitted. Maximum length allowable is 30 characters.
2100C	NM107	Subscriber Name Suffix	N/A	When the suffix is part of the Medicare Beneficiary's last name on the Medicare card, the suffix is required for last name matching. For convenience, the Subscriber Name Suffix can also be appended to the Subscriber Last Name field to meet matching constraints.
2100C	NM108	Subscriber Identification Code Qualifier	MI	N/A
2100C	NM109	Subscriber Primary Identifier	N/A	MBI is required for all Medicare Beneficiary Search options. This element must exactly match the ID on the patient's Medicare card.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	DMG	Subscriber Demographic Information	DMG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	DMG02	Subscriber Birth Date	N/A	Date of Birth is required for Medicare Beneficiary identification only when the Beneficiary's first name is not submitted.
2100C	DTP	Subscriber Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	DTP01	Date Time Qualifier	291	N/A
2110C	EQ	Subscriber Eligibility or Benefit Inquiry	EQ	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	EQ01	Service Type Code	All	HETS will accept all X12 STC codes; however, only those codes specified by this *Companion Guide* will return explicit benefit information. All other X12 codes will return only the basic set of eligibility data as defined in Section 7.2 General Transaction Notes of this guide.
2110C	EQ02	Composite Medical Procedure Identifier		HETS will accept all valid Procedure codes; however, only those codes specified by this *Companion Guide* will return explicit benefit information. All other valid Procedure codes will return only the basic set of eligibility data.

10.2 271 Eligibility Response Transaction

This section describes the values returned by CMS in the 271 response. The following tables describe the CMS utilization of segments and elements when there is a type of uniqueness or restriction. All other values comply with the ASC X12 270/271 version 005010X279A1 TR3.

Table 22: 271 Header and Information Source

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100A	NM1	Information Source Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100A	NM101	Entity Identifier Code	PR	N/A
2100A	NM108	Identification Code Qualifier	PI	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100A	NM109	Information Source Primary Identifier	N/A	HETS always returns “CMS.”

Table 23: 271 Information Receiver

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100B	NM1	Information Receiver Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100B	NM101	Entity Identifier Code	1P, 80, FA	N/A
2100B	NM109	Information Receiver Identification Number	N/A	The Provider’s assigned NPI number as submitted on the 270 request.

Table 24: 271 Subscriber Demographic Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2000C	TRN	Subscriber Trace Number	TRN	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2000C	TRN01	Trace Type Code	2	N/A
2100C	NM1	Subscriber Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	NM103	Subscriber Last Name	N/A	If there are errors in the transaction, HETS will return the value from the 270. If a match is found, HETS will return the value from the CMS Eligibility Database.
2100C	NM104	Subscriber First Name	N/A	If there are errors in the transaction, HETS will return the value from the 270. If a match is found, HETS will return the value from the CMS Eligibility Database.
2100C	NM107	Subscriber Name Suffix	N/A	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	NM109	Subscriber Primary Identifier	N/A	HETS returns the MBI submitted on the 270 request. If a MBI was not submitted on the 270 request, a value of “MISSING” will be returned.
2100C	N3	Subscriber Address	N3	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	N301	Subscriber Address Line	Values include “Refer to MSG for Subscriber address”	Address Line 1. If any of the address information received from the SSA is missing or invalid then “Refer to MSG for Subscriber address” will be returned.
2100C	N4	Subscriber City State Zip	N4	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	N401	Subscriber City Name	N/A	City Name or “Baltimore” if any address information received from the SSA is missing or invalid.
2100C	N402	Subscriber State Code	N/A	State Code or “MD” if any address information received from the SSA is missing or invalid.
2100C	N403	Subscriber Postal Zone or Zip Code	N/A	Postal ZIP Code or “21244” if any address information received from the SSA is missing or invalid.
2100C	DTP	Subscriber Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2100C	DTP01	Date Time Qualifier	152, 307 or 442	A value of 152 is returned when the submitted MBI has an end date on file, the 271 response includes benefit information and the request date(s) of service overlap the terminated MBI’s effective period.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Inquiry	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	EB01	Eligibility or Benefit Information	D	This information will be returned when the MSG segment that follows is necessary to return the Medicare Beneficiary address as received from the SSA.
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	**Beneficiary address** - If necessary, HETS returns MSG01 with the Medicare Beneficiary address if that value could not be parsed through typical 271 2100C N3/N4 segments. This MSG01 contains two parts. The first part is a label of 'Subscriber address - '. The second part is the address as it was received from the SSA (up to 132 characters). If no address of record exists at the SSA, then "Subscriber address - Unknown" will be returned. **It is essential that HETS Submitters return this 2110C MSG segment** with the Medicare Beneficiary's address if it is included in the 271 response. CMS is aware that Medicare Beneficiaries have been incorrectly denied services because the address of record information included in the 271 2110C MSG segment is not returned with the eligibility response. Any issues related to the Medicare Beneficiary's name, date of birth, and/or address of record must be resolved by the Medicare Beneficiary by contacting the SSA.

Table 25: 271 Part D Plan Coverage

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Inquiry	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	EB01	Eligibility or Benefit Information	1 or 6	This information will be returned if STC 30 or 88 is requested, an STC is not present or a Non-Supported STC is requested.
2110C	EB03	Service Type Code	88	This information will be returned if STC 30 or 88 is requested, an STC is not present or a Non-Supported STC is requested.

Table 26: 271 Part A and Part B Plan Level Eligibility

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Refer to Section 7.2 General Transaction Notes for a list of Medicare Part A and Part B STCs supported by the HETS 270/271 application. HETS returns separate Medicare Part B plan level eligibility when STC 80 is requested on the 270. HETS returns separate Medicare Part B plan level eligibility when STC CO is requested on the 270. If both STC 80 and BO are requested on the 270, plan level eligibility may be combined for these services. Beneficiaries that are enrolled in the Part B Immunosuppressive Drug Benefit (Part B-ID) will return Part B coverage only. Medicare Part A and Part D will return inactive coverage for these beneficiaries. All supported Service Type Codes or HCPCS codes submitted on the 270 requests will return as inactive benefits on the HETS 271 response when the Medicare Beneficiary is enrolled in Part B-ID for the requested date(s) of service.
2110C	EB01	Eligibility or Benefit Information	1 or 6	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB04	Insurance Type Code	MA or MB	EB04 will be omitted when requested dates are after a Medicare Beneficiary's Date of Death. When requested dates are during an ineligible period due to an individual's incarceration, deportation or being unlawfully present in the United States then EB04 will be omitted only from the EB segment pertaining to the period of ineligibility.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* If multiple entitlement periods exist, HETS returns them in descending order – future, current, past. For inactive periods, the DTP segment will not be returned.
2110C	DTP01	Date Time Qualifier	291, 307 or 771	When following a 271 2110C EB*6**30~, DTP01 value of 307 is used for periods where the individual has inactive Medicare coverage due to incarceration, deportation or unlawful presence in the United States. The corresponding DTP03 date(s) specify the exact dates for inactive status. DTP01 value of 771 is used exclusively for Vaccination data when STC 80 or CO is requested on the 270. The corresponding DTP03 value will be the HETS system date.
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	**Medicare inactive reason** - If available, HETS returns MSG01 with one of the three inactive reason messages included in Table 11: Potential MSG Segments. **Medicare entitlement reason** - If available, HETS returns "<Medicare EntitlementReasonCode> - <MedicareEntitlementReasonCodeText>" with the Medicare entitlement reason. See Table 12: Medicare Entitlement/Enrollment Reason Codes for additional information.

Table 27: 271 Part A and Part B Plan Level Deductible

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	EB01	Eligibility or Benefit Information	C	N/A
2110C	EB04	Insurance Type Code	MA, MB, or QM	N/A
2110C	EB05	Plan Coverage Description		HETS returns “Medicare Part A” or “Medicare Part B” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	23, 26, or 29	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	291 or 292	HETS returns “291” only when EB03 = “30”; otherwise, HETS returns “292.”

Table 28: 271 Part B Plan Level Coinsurance

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Refer to Section 7.2 General Transaction Notes for a list of Medicare Part B STCs supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	A	N/A
2110C	EB04	Insurance Type Code	MB or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part B” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	27	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP01	Date Time Qualifier	291 or 292	HETS returns “291” when EB03 = “30” only; otherwise, HETS returns “292.”

Table 29: 271 Part B Plan Level Deductible - Supported HCPCS Codes

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Refer to Section 7.2 General Transaction Notes for a list of HCPCS supported by the HETS 270/271 application. HETS will return preventive service HCPCS codes (see Section 7.10 Preventive Care Business Rules) prior to other HCPCS codes such as audiology.
2110C	EB01	Eligibility or Benefit Information	C	Deductible
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	23 or 29	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	HCPCS code
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	DTP03	Eligibility or Benefit Date Time Period	N/A	HETS returns the current system transaction processing date.

Table 30: 271 Part B Plan Level Coinsurance - Supported HCPCS Codes

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Refer to Section 7.2 General Transaction Notes for a list of HCPCS supported by the HETS 270/271 application. HETS will return preventive service HCPCS codes (see Section 7.10 Preventive Care Business Rules) prior to other HCPCS codes such as audiology.
2110C	EB01	Eligibility or Benefit Information	A	Coinsurance
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	27	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	HCPCS code
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	DTP03	Eligibility or Benefit Date Time Period	N/A	HETS returns the current system transaction processing date.

Table 31: 271 Part A Hospital/SNF Spell Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB03	Service Type Code	30, 48 or AH	HETS returns “30” for Medicare Part A Hospital/SNF DOEBA/DOLBA dates, “48” for Hospital Stay or “AH” for SNF Stay.
2110C	EB04	Insurance Type Code	MA	N/A
2110C	EB06	Time Period Qualifier	27	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292 or 435	HETS returns “292” for Medicare Part A Hospital/SNF DOEBA/DOLBA dates or “435” for Hospital/SNF Stay dates.
2110C	DTP03	Eligibility or Benefit Date Time Period	N/A	DOEBA and DOLBA dates of all hospital spells intersecting the current date and/or the calendar (years) of the date/date range of the 270 request.
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	FA	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM108	Identification Code Qualifier	XX	N/A

Table 32: 271 Part A Hospital and SNF Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Part A Days Allowed Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270. Information in this table is for STCs “48”, “49”, “AG”, “A5”, and “A7.” If STC “47” is requested, the HETS 270/271 application will return information for STCs “48” and “49.” Refer to Section 7.2 General Transaction Notes for more information.
2110C	EB01	Eligibility or Benefit Information	B	N/A
2110C	EB03	Service Type Code	30	N/A
2110C	EB04	Insurance Type Code	MA or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part A” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	7	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospital Days Base or Base as Remaining Days
2110C	HSD03	Unit or Basis for Measurement Code	DA	N/A
2110C	HSD05	Time Period Qualifier	29, 30 or 31	N/A
2110C	HSD	Healthcare Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospital Episodes
2110C	HSD05	Time Period Qualifier	26	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	435	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Part A Days Remaining Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	N/A
2110C	EB03	Service Type Code	30	N/A
2110C	EB04	Insurance Type Code	MA or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part A” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	7	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospital Days Remaining
2110C	HSD03	Unit or Basis for Measurement Code	DA	N/A
2110C	HSD05	Time Period Qualifier	29	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospital Episodes
2110C	HSD05	Time Period Qualifier	26	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* DOEBA and DOLBA are related to a single Inpatient Spell and NOT to the individual general benefit.
2110C	DTP01	Date Time Qualifier	435	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Days Allowed Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	N/A
2110C	EB03	Service Type Code	AG	N/A
2110C	EB04	Insurance Type Code	MA or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part A” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	7	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Days Base or Base as Remaining Days
2110C	HSD03	Unit or Basis for Measurement Code	DA	N/A
2110C	HSD05	Time Period Qualifier	29, 30 or 31	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Episodes

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	HSD05	Time Period Qualifier	26	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	435	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Days Remaining Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	N/A
2110C	EB03	Service Type Code	AG	N/A
2110C	EB04	Insurance Type Code	MA or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part A” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	7	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Days Remaining segment
2110C	HSD03	Unit or Basis for Measurement Code	DA	N/A
2110C	HSD05	Time Period Qualifier	29	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* SNF Episodes
2110C	HSD05	Time Period Qualifier	26	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* DOEBA and DOLBA are related to a single Inpatient Spell and NOT to the individual general benefit.
2110C	DTP01	Date Time Qualifier	435	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Lifetime Reserve Base or Remaining Days Loop This loop will repeat for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	K	N/A
2110C	EB03	Service Type Code	30	N/A
2110C	EB04	Insurance Type Code	MA	N/A
2110C	EB06	Time Period Qualifier	32 or 33	N/A
2110C	EB09	Quantity Qualifier	DY	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Lifetime Reserve Copayment per Day Amount Loop This loop will repeat for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	K	N/A
2110C	EB03	Service Type Code	30	N/A
2110C	EB04	Insurance Type Code	MA or QM	N/A
2110C	EB05	Plan Coverage Description	N/A	HETS returns “Medicare Part A” when EB04 = “QM.”
2110C	EB06	Time Period Qualifier	7	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	435	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Psychiatric Limitation Days Loop This loop will repeat for each calendar year included in the Plan dates from the 270.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB01	Eligibility or Benefit Information	K	N/A
2110C	EB03	Service Type Code	A7	N/A
2110C	EB04	Insurance Type Code	MA	N/A
2110C	EB06	Time Period Qualifier	32 or 33	N/A
2110C	EB09	Quantity Qualifier	DY	N/A

Table 33: 271 Home Health Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Home Health Loop Information in this table will be returned on the 271 response when STC "42" is submitted on a 270 request. Home Health Data will be returned only for episodes with end dates.
2110C	EB01	Eligibility or Benefit Information	X	N/A
2110C	EB06	Time Period Qualifier	26	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	472, 193 or 194	HETS returns "472" for Home Health Start and End Dates; HETS returns "193" for DOEBA and "194" for DOLBA.
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	If available, HETS returns "<PatientStatusCode> - <PatientStatusCodeText>"
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	If available, HETS returns "NOA - <NOAIndicatort>"

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	PR	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM103	Benefit Related Entity Last or Organization Name	N/A	HETS returns “National Government Services, Inc.”, “National Heritage Insurance Company”, “Palmetto GBA”, or “United Government Services, CA.”
2120C	NM108	Identification Code Qualifier	PI	N/A
2120C	NM109	Benefit Related Entity Identifier	N/A	HETS returns 00180, 00380, 00450, 00454, 00456,06001, 06004,06014,11004, 14004 or 14014
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	1P	N/A
2120C	NM103	Name Last or Organization Name	N/A	If a Contractor name is unavailable, HETS will return the Contract Number (NM109) alone without the Contractor name in NM103.
2120C	NM108	Identification Code Qualifier	XX	N/A
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Home Health Certification Loop
2110C	EB01	Eligibility or Benefit Information	X	N/A
2110C	EB13	Composite Medical Procedure Identifier	HC| G0180	HETS returns “HC|G0180” to indicate Home Health Certification.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	193	HH Certification date
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Home Health Recertification Loop

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB01	Eligibility or Benefit Information	X	N/A
2110C	EB13	Composite Medical Procedure Identifier	HC|G0179	HETS returns “HC|G0179” to indicate Home Health Recertification.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	193	HH Recertification date

Table 34: 271 HCPCS Benefit Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* HETS will respond to supported HCPCS codes submitted in the 270 request. See Section 7.2 General Transaction Notes for a list of supported HCPCS codes. HETS will return preventive service HCPCS codes (see Section 7.10 Preventive Care Business Rules) prior to other HCPCS codes such as audiology.
2110C	EB01	Eligibility or Benefit Information	D or 6	HETS may return “6” to indicate ineligibility for particular IPPE HCPCS codes.
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-3	Procedure Modifier	26 or TC	If applicable, HETS returns “26” or “TC.” HETS will omit EB13-3 if the next eligible dates of the HCPCS professional and technical components are the same.
2110C	DTP	DTP	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	348 or 472	HETS returns “348” when returning next eligible dates. HETS returns “472” when prior service history is returned for PPV HCPCS.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* HETS only returns elements NM101 – NM108 for Preventive HCPCS which return prior service history. See Section 7.10.2 Preventive HCPCS Codes Which Return Prior Service History for additional details.
2120C	NM101	Entity Identifier Code	1P	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM108	Identification Code Qualifier	XX	N/A

Table 35: 271 Smoking/Tobacco Cessation Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Smoking/Tobacco Cessation Sessions Remaining Loop Information in this table will be returned on the 271 response when STC “67” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	F	N/A
2110C	EB03	Service Type Code	67	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	22	N/A
2110C	EB09	Quantity Qualifier	VS	N/A
2100C	EB10	Quantity	N/A	Smoking/Tobacco Cessation Base Sessions
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	HSD01	Quantity Qualifier	VS	N/A
2100C	HSD02	Quantity	N/A	Smoking/Tobacco Cessation Remaining Sessions

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	DTP03	Date Time Period	N/A	If applicable, HETS returns the Smoking/Tobacco Cessation Initial Session Date (within the last 12 months based on HETS system date)

Table 36: 271 Therapy Services Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Occupational Therapy Service Loop Refer to Section 7.12 Therapy Services Business Rules for a list of Medicare Therapy Services supported by the HETS 270/271 application. Information in this section will be returned on the 271 response when STC “AD” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB07	Benefit Amount	N/A	HETS returns the Occupational Therapy Used Amount.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Used Amount.”

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Physical/Speech Therapy Used Loop Information in this section will be returned on the 271 response when STC “AE” and/or “AF” are submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB03	Service Type Code	AE	HETS always returns “AE” regardless of whether “AE”, “AF”, or “AE/AF” is requested.
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB07	Benefit Amount	N/A	HETS returns the combined Physical/Speech Therapy Used Amount.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	MSG	Message Text	MSG	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Used Amount.”

Table 37: 271 Pulmonary Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Pulmonary Rehabilitation Loop Refer to Section 7.13 Pulmonary Rehabilitation Services Business Rules for a list of Medicare Pulmonary Rehabilitation Services supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BF” is submitted on a 270 request.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB01	Eligibility or Benefit Information	F	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	29	N/A
2110C	EB09	Quantity Qualifier	CA	N/A
2110C	EB10	Quantity	N/A	HETS returns the number of Pulmonary Rehabilitation sessions remaining.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Professional” or “Technical.”

Table 38: 271 Cardiac Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Cardiac Rehabilitation Loop Refer to Section 7.14 Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Services Business Rules for a list of Medicare Cardiac Rehabilitation Services supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BG” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	F	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB09	Quantity Qualifier	99	N/A
2110C	EB10	Quantity	N/A	HETS returns the number of Cardiac Rehabilitation sessions used.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Professional” or “Technical.”

Table 39: 271 Intensive Cardiac Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Intensive Cardiac Rehabilitation Loop Refer to Section 7.14 Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Services Business Rules for a list of Medicare Intensive Cardiac Rehabilitation Services supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BG” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	F	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB09	Quantity Qualifier	99	N/A
2110C	EB10	Quantity	N/A	HETS returns the number of Intensive Cardiac Rehabilitation sessions used.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Intensive Cardiac Rehabilitation- Professional” or “Intensive Cardiac Rehabilitation-Technical.”

Table 40: 271 ESRD Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* ESRD Loops Information in this table will be returned on the 271 response when STC ‘CQ’ or ‘RN’ is submitted on a 270 request. Refer to Section 7.15 End Stage Renal Disease (ESRD) Periods Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB03	Service Type Code	RN	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	HETS returns any ESRD Coverage Period that overlaps the requested date(s) of service. If the ESRD Coverage Period is ongoing, then only the coverage start date will be returned.
2110C	DTP02	Date Time Format Qualifier	N/A	HETS returns 'D8' if the ESRD period only has a start date. HETS returns 'RD8' if the ESRD period has a start and end date.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	472	If the associated ESRD Coverage Period includes a Clinical Dialysis Period, HETS returns ESRD Clinical Dialysis information with a '472' qualifier in DTP01. If the ESRD Clinical Dialysis period is ongoing, then only a coverage start date will be returned.
2110C	DTP02	Date Time Format Qualifier	N/A	HETS returns 'D8' if the ESRD Clinical Dialysis period only has a start date. HETS returns 'RD8' if the ESRD Clinical Dialysis period has a start and end date.
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	096	If the associated ESRD Coverage Period includes an ESRD Transplant Effective Date, HETS returns that ESRD Transplant Effective date.
2110C	DTP02	Date Time Format Qualifier	D8	If applicable, HETS returns 'D8' and then the ESRD Transplant Effective Date in DTP03.

Table 41: 271 Hospice Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospice Occurrence Loop Information in this table will be returned on the 271 response when STC "45" is submitted on a 270 request. Refer to Section 7.16 Hospice Care Periods Business Rules.
2110C	EB01	Eligibility or Benefit Information	X	N/A
2110C	EB04	Insurance Type Code	MA	N/A
2110C	EB06	Time Period Qualifier	26	N/A
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Hospice Days Used (for up to 180 billed Hospice Benefit Periods)
2110C	HSD01	Quantity Qualifier	DY	N/A
2110C	HSD02	Quantity		Hospice Days Used in the billed Hospice Benefit Period (for up to 180 Hospice episodes)
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292, 318, 349, 435	HETS returns '292' for Hospice start and/or end dates (including Election [NOE] periods). HETS returns '318' for Hospice Election (NOE) Receipt Date. HETS returns '349' for Hospice Election Revocation Date. HETS returns '435' for Hospice DOEBA-DOLBA for up to 180 billed Hospice Benefit Periods.
2110C	DTP02	Date Time Format Qualifier	D8, RD8	If applicable, HETS returns 'D8' for Notice of Election (NOE) periods and 'RD8' for Hospice Benefit Periods.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free-form Message Text	N/A	HETS returns "Revocation code – [Revocation code value]." Revocation code values returned are: 0, 1, 2, or 3.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	1P	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM108	Identification Code Qualifier	XX	N/A

Table 42: 271 Blood Deductible Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Blood Deductible Loop Information in this table will be returned on the 271 response when STC “10” is submitted on a 270 request. Refer to Section 7.17 Blood Deductible Business Rules.
2110C	EB01	Eligibility or Benefit Information	E	N/A
2110C	EB03	Service Type Code	10	N/A
2110C	EB06	Time Period Qualifier	23	N/A
2110C	EB09	Quantity Qualifier	DB	N/A
2110C	EB10	Benefit Quantity	N/A	HETS returns the base number of Blood Deductible units.
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	HSD01	Quantity Qualifier	FL	N/A
2110C	HSD02	Quantity	N/A	HETS returns the number of Blood Deductible Units Remaining.
2110C	HSD05	Time Period Qualifier	29	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A

Table 43: 271 Part D Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Part D Enrollment Loop Refer to Section 7.18 Part D Plan Enrollment Business Rules.
2110C	EB01	Eligibility or Benefit Information	R	N/A
2110C	REF	Subscriber Additional Identification	REF	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	REF01	Reference Identification Qualifier	18	N/A
2110C	REF02	Subscriber Eligibility or Benefit Identifier	N/A	Part D Contract Number
2110C	REF	Subscriber Additional Identification	REF	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	REF01	Reference Identification Qualifier	N6	N/A
2110C	REF02	Subscriber Eligibility or Benefit Identifier	N/A	Part D Plan Number (if available)
2110C	REF03	Description		Part D Plan Name (if available)
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	PR	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	N3	Subscriber Address	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	N301	Benefit Related Entity Address Line	N/A	Medicare Insurer Address Line 1 if available and valid, otherwise not sent.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	N302	Benefit Related Entity Address Line	N/A	Medicare Insurer Address Line 2 if available and valid, otherwise not sent.
2120C	N4	Subscriber City, State, ZIP Code	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	N401	Benefit Related Entity City Name	N/A	Medicare Insurer City Name if available and valid, otherwise not sent.
2120C	N402	Benefit Related Entity State Code	N/A	Medicare Insurer State Code if available and valid, otherwise not sent.
2120C	N403	Benefit Related Entity Postal Zone or Zip Code	N/A	Medicare Insurer Postal ZIP Code if available and valid, otherwise not sent.
2120C	PER	Subscriber Benefit Related Entity Contact Information	PER	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* HETS returns the telephone number or website address in the PER03 and PER04 elements when the Part D plan has only a telephone number or only a website address. If neither exists, then HETS does not return the PER segment.

Table 44: 271 Medicare Advantage (MA) Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MA Loop Refer to Section 7.19 MA Plan Enrollment Business Rules.
2110C	EB01	Eligibility or Benefit Information	U	HETS returns a 271 2110C EB01 of 'U' for MA plans. CMS strongly recommends that Medicare Providers/Suppliers contact the MA plan directly to confirm the Beneficiary's MA plan eligibility information.
2110C	EB03	Service Type Code	30 or 30^CQ	HETS 270/271 returns a 271 2110C EB03 value of "30^CQ" when the Beneficiary is enrolled in a MA plan and STC 'CQ' was included on the 270 request.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB04	Insurance Type Code	HM, HN, IN, PR, or PS	N/A
2110C	REF	Subscriber Additional Identification	REF	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	REF01	Reference Identification Qualifier	18	N/A
2110C	REF02	Subscriber Eligibility or Benefit Identifier	N/A	MA Contract Number
2110C	REF	Subscriber Additional Identification	REF	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	REF01	Reference Identification Qualifier	N6	N/A
2110C	REF02	Subscriber Eligibility or Benefit Identifier	N/A	MA Plan Number (if available)
2110C	REF03	Description		MA Plan Name (if available)
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	290	N/A
2110C	MSG	Message Text	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free Form Message Text	N/A	HETS returns “MA Bill Option Code – [code value].” Code values returned are A, B, C, 1 or 2.
2120C	NM1	Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	PR or PRP	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM103	Benefit Related Entity Last or Organization Name	N/A	HETS returns the MA Insurer Name.
2120C	N3	Subscriber Address	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	N301	Benefit Related Entity Address Line	N/A	Medicare Insurer Address Line 1 if available and valid, otherwise not sent.
2120C	N302	Benefit Related Entity Address Line	N/A	Medicare Insurer Address Line 2 if available and valid, otherwise not sent.
2120C	N4	Subscriber City, State, ZIP Code	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	N401	Benefit Related Entity City Name	N/A	Medicare Insurer City Name if available and valid, otherwise not sent.
2120C	N402	Benefit Related Entity State Code	N/A	Medicare Insurer State Code if available and valid, otherwise not sent.
2120C	N403	Benefit Related Entity Postal Zone or Zip Code	N/A	Medicare Insurer Postal ZIP Code if available and valid, otherwise not sent.
2120C	PER	Benefit Related Entity Contact Information	PER	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment* HETS returns the telephone number or website address in the PER03 and PER04 elements when the MA plan has only a telephone number or only a website address. If neither exists, then HETS does not return the PER segment.
2120C	PER03	Communication Number Qualifier	TE, UR	HETS returns the telephone number or website address in the PER03 and PER04 elements when the MA plan has only a telephone number or only a website address.
2120C	PER04	Communication Number	N/A	HETS returns the telephone number or website address in the PER03 and PER04 elements when the MA plan has only a telephone number or only a website address.

Table 45: 271 Medicare Secondary Payer (MSP) Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MSP Loop Refer to Section 7.20 Medicare Secondary Payer (MSP) Enrollment Business Rules.
2110C	EB01	Eligibility or Benefit Information	R	N/A
2110C	EB04	Insurance Type Code	N/A	HETS returns codes: 12, 13, 14, 15, 16, 41, 42, 43, 47, AP, or WC
2110C	REF	Subscriber Additional Identification	REF	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	REF01	Reference Identification Qualifier	IG, 6P	HETS returns REF01 of IG for MSP Insurance Type Code. The HETS 271 MSP response with REF01 equal to '6P' will include either the MSP Insurance Group Number or the MSP Date of Loss. If the returned value is a series of zeroes, this indicates that while there is an MSP enrollment record in the Common Working File (CWF), the CWF record does not include the actual MSP Insurance Group Number. If the returned value begins with the acronym 'DOL' (Date of Loss) then the subsequent value is the Date of Loss.
2110C	REF02	Subscriber Eligibility or Benefit Identifier	N/A	N/A
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	290, 636	HETS returns DTP01 of 290 for MSP Enrollment Period(s). HETS returns DTP01 of 636 for MSP Last Maintenance Date.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	MSG01	Free Form Message Text	N/A	HETS returns the ORM indicator. Refer to Section 7.20 Medicare Secondary Payer (MSP) Enrollment Business Rules for more information.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	MSG01	Free Form Message Text	N/A	HETS returns any applicable diagnosis codes related to the MSP enrollment period detailed in the prior EB/REF/DTP loops. HETS returns diagnosis codes in this field, with multiple values (if applicable) separated by commas.
2110C	MSG01	Free Form Message Text	N/A	HETS returns the MSP Source Code and its text value description.
2110C	MSG01	Free Form Message Text	N/A	HETS returns the MSP Patient Relationship Code and its text value description.
2120C	NM1	Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	NM101	Entity Identifier Code	PRP	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM103	Benefit Related Entity Last or Organization Name	N/A	HETS returns the Primary Insurer Name.
2120C	N3	Subscriber Address	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	N301	Benefit Related Entity Address Line	N/A	Primary Insurer Address Line 1 if available and valid, otherwise not sent.
2120C	N302	Benefit Related Entity Address Line	N/A	Primary Insurer Address Line if available and valid, otherwise not sent.
2120C	N4	Subscriber City, State, ZIP Code	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2120C	N401	Benefit Related Entity City Name	N/A	Primary Insurer City if available and valid, otherwise not sent.
2120C	N402	Benefit Related Entity State Code	N/A	Primary Insurer State Code if available and valid, otherwise not sent.
2120C	N403	Benefit Related Entity Postal Zone or Zip Code	N/A	Primary Insurer ZIP Code if available and valid, otherwise not sent.

Table 46: 271 Qualified Medicare Beneficiary (QMB) Periods

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* QMB Loop Refer to Section 7.21 Qualified Medicare Beneficiary (QMB) Period Business Rules.
2110C	EB01	Eligibility or Benefit Information	R	N/A
2110C	EB04	Insurance Type Code	QM	Qualified Medicare Beneficiary
2100C	EB05	Plan Coverage Description	N/A	HETS returns the Medicaid enrollment State Code + “QMB Plan.”
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	290	N/A
2110C	DTP02	Date Time Format Qualifier	N/A	HETS returns ‘D8’ if the QMB period is still active and only has a start date. HETS returns ‘RD8’ if the QMB period has an end date.

Table 47: 271 Medicare Diabetes Prevention Program (MDPP) Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP entitlement Loop. Information in this section will be returned on the 271 response when STC “CQ” is submitted on a 270 request. Refer to Section 7.22 Medicare Diabetes Prevention Program (MDPP) Business Rules.
2110C	EB01	Eligibility or Benefit Information	1 or 6	N/A
2110C	EB03	Service Type Code	CQ	N/A
2110C	EB04	Insurance Type Code	MB	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	194 or 292	DTP01 qualifier 194 is used for segments that include a Medicare Beneficiary's MDPP Period 2 end date.
2110C	DTP02	Date Time Format Qualifier	N/A	HETS typically returns the same DTP02 qualifier and dates submitted on the 270 request. If the requested dates intersect date(s) without active Part B entitlement, then multiple DTP segments will be returned to illustrate periods of eligibility or ineligibility.
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP Deductible (reflecting zero due)
2110C	EB01	Eligibility or Benefit Information	C	N/A
2110C	EB03	Service Type Code	CQ	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	23	N/A
2110C	EB07	Monetary Amount	0	MDPP services require zero deductible
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	DTP02	Date Time Format Qualifier	RD8	If the requested dates intersect date(s) without active Part B entitlement, DTP segments will be returned to illustrate only eligible MDPP periods.
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP Coinsurance (reflecting zero due)
2110C	EB01	Eligibility or Benefit Information	A	N/A
2110C	EB03	Service Type Code	CQ	N/A
2110C	EB04	Insurance Type Code	MB	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB06	Time Period Qualifier	27	N/A
2110C	EB08	Monetary Amount	0	MDPP services require zero coinsurance
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	292	N/A
2110C	DTP02	Date Time Format Qualifier	RD8	If the requested dates intersect date(s) without active Part B entitlement, DTP segments will be returned to illustrate only eligible MDPP periods.
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP Sessions Remaining for G9886 and G9888 (when available).
2110C	EB01	Eligibility or Benefit Information	F	Used to describe the following HSD segment which will reflect the number of MDPP sessions remaining.
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	HC
2110C	EB13-2	Procedure Code	N/A	MDPP HCPCS code G9886 or G9888.
2110C	HSD	Health Care Services Delivery	HSD	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	HSD01	Quantity Qualifier	VS	Visits
2110C	HSD02	Quantity	N/A	HETS returns the number of sessions remaining for G9886 or G9888 when available.
2110C	HSD05	Time Period Qualifier	29	Remaining
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Returns when MDPP HCPCS G9886 number of remaining sessions is returned in the prior 2110C EB.
2110C	MSG01	Free-form Message Text	N/A	HETS returns “MDPP HCPCS G9886 and G9887 remaining count is a combined value” in this specific scenario.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP Usage Detail
2110C	EB01	Eligibility or Benefit Information	1 or D	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	HC
2110C	EB13-2	Procedure Code	N/A	MDPP HCPCS code
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	472	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A
2110C	DTP03	Date Time Period	N/A	Date the MDPP service was rendered
2120C	NM1	Subscriber Benefit Related Entity Name	NM1	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* MDPP Rendering Provider Information
2120C	NM101	Entity ID Code	1P	1P
2120C	NM102	Entity Type Qualifier	2	2
2120C	NM108	Identification Code Qualifier	XX	XX
2120C	NM109	Identification Code	N/A	NPI of the MDPP Supplier that rendered service.

Table 48: 271 Acupuncture Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Acupuncture Services Loop. Information in this section will be returned on the 271 response when STC "64" is submitted on a 270 request. Refer to Section 7.23 Acupuncture Services Business Rules.
2110C	EB01	Eligibility or Benefit Information	F	N/A
2110C	EB03	Service Type Code	64	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB06	Time Period Qualifier	29	N/A
2110C	EB09	Quantity Qualifier	CA	N/A
2110C	EB10	Quantity	N/A	HETS returns the number of Acupuncture sessions remaining.
2110C	DTP	Subscriber Eligibility/ Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	472	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A
2110C	DTP03	Date Time Period		If the number of sessions remaining returned in the prior EB10 element is twenty ('20'), then this DTP03 value is the next eligible date. If the number of sessions remaining returned in the prior EB10 element is one through nineteen ('1' – '19'), then this DTP03 value is the first Acupuncture session in the current annual period. If the Medicare Beneficiary does not have active Medicare Part B entitlement and/or has a Date of Death on file, HETS will return zero ('0') sessions remaining and no 271 2110C DTP loop would be returned.
2110C	MSG	Message Text	N/A	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Professional” or “Technical” to describe the Next Eligible Date in the prior DTP03 element.

Table 49: 271 Vaccination

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Vaccination Loop. COVID-19 vaccination information will be returned on the 271 response when STC “80” is submitted on a 270 request. Flu vaccination information will be returned on the 271 response when STC ‘CO’ is submitted on a 270 request. Refer to Section 7.24 Vaccination Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	COVID-19 or Flu Vaccine or Vaccine Administration Code.
2110C	DTP	Subscriber Eligibility/ Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	472	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A
2110C	DTP03	Date Time Period		Vaccine or Vaccine Administration Date.
2120C	NM1	Subscriber Benefit Related Entity Name		*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Vaccination Rendering Provider Information.
2120C	NM101	Entity ID Code	1P	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM108	Identification Code Qualifier	XX	N/A

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM109	Identification Code	N/A	NPI of the Provider that rendered service.

Table 50: 271 Cognitive Assessment and Care Plan

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Cognitive Assessment and Care Plan Loop. Cognitive information will be returned on the 271 response when STC "BD" is submitted on a 270 request for Medicare beneficiaries with active Medicare Part B entitlement. This information is not returned if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the date(s) of service. Refer to Section 7.25 Cognitive Assessment and Care Plan Services Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	99483	N/A
2110C	DTP	Subscriber Eligibility/ Benefit Date	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* The HETS 271 response will include all prior Cognitive Assessment and Care Plan Services rendered within the requested date(s) of service. If there were no services provided during the requested date(s) of service but there is prior usage, then the HETS 271 response will include the most recent service occurrence.
2110C	DTP01	Date Time Qualifier	472	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A
2110C	DTP03	Date Time Period		Vaccine or Vaccine Administration Date.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM1	Subscriber Benefit Related Entity Name		*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Rendering Provider Information.
2120C	NM101	Entity ID Code	1P	N/A
2120C	NM102	Entity Type Qualifier	2	N/A
2120C	NM108	Identification Code Qualifier	XX	N/A
2120C	NM109	Identification Code		NPI of the Provider that rendered service.

Table 51: 271 Prior Authorization Indicator

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Prior Authorization Loop. Additional information is available here. Refer to Section 7.2 General Transaction Notes.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB11	Yes/No Condition or Response Code	Y, N	HETS 271 response can include an indicator with a yes or no value if a prior authorization is required.
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	N/A

Table 52: 271 Audiology Benefit Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Audiology benefit information loop. Audiology information will be returned on the 271 response when STC "71" is submitted on a 270 request for Medicare Beneficiaries with active Medicare Part B entitlement. This information is not returned if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the date(s) of service. Refer to Section 7.27 Audiology Diagnostic Testing Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-3	Procedure Modifier	26 or TC	If applicable, HETS returns "26" or "TC." HETS will omit EB13-3 if the next eligible dates of the HCPCS professional and technical components are the same.
2110C	DTP	DTP	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	348	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A

Table 53: 271 Annual Wellness Visit Benefit Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Annual Wellness Visit (AWV) benefit information loop. AWV information will be returned on the 271 response when STC "BZ" is submitted on a 270 request for Medicare Beneficiaries with active Medicare Part B entitlement. This information is not returned if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the date(s) of service. Refer to Section 7.28 Annual Wellness Visit Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	AWV HCPCS code
2110C	EB13-3	Procedure Modifier	26	If applicable, HETS returns "26". HETS will omit EB13-3 if the next eligible dates of the HCPCS professional and technical components are the same.
2110C	DTP	DTP	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	348	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A

Table 54: 271 Screening Pap Test Benefit Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.* Screening Pat Test benefit information loop. Screening Pap test information will be returned on the 271 response when STC "BT" is submitted on a 270 request for Medicare Beneficiaries with active Medicare Part B entitlement. This information is not returned if the Medicare Beneficiary has a recorded Date of Death prior to or equal to the date(s) of service. Refer to Section 7.29 Screening Pap Test Business Rules.
2110C	EB01	Eligibility or Benefit Information	D	N/A
2110C	EB04	Insurance Type Code	MB	N/A
2110C	EB13-1	Product or Service ID Qualifier	HC	N/A
2110C	EB13-2	Procedure Code	N/A	Screening Pap Test HCPCS code.
2110C	EB13-3	Procedure Modifier	26 or TC	If applicable, HETS returns "26" or "TC." HETS will omit EB13-3 if the next eligible dates of the HCPCS professional and technical components are the same.
2110C	DTP	DTP	DTP	*This illustrates the beginning of a potential segment. The subsequent rows represent possible response data for this segment.*
2110C	DTP01	Date Time Qualifier	348	N/A
2110C	DTP02	Date Time Format Qualifier	D8	N/A

Appendix A – Sample 270 Eligibility Request Transaction

This example includes the minimum required data elements for a HETS 270 request. Additional data may be submitted but may also negatively affect the HETS response.

Sample 270 Eligibility Request

□0000000584□
ISA*00* *00* *ZZ*SUBMITTERID *ZZ*CMS *251015*0734*^*00501*000005014*1*P*|~
GS*HS*SUBMITTERID*CMS*20251015*073411*5014*X*005010X279A1~
ST*270*000000001*005010X279A1~
BHT*0022*13*TRANSA*20251015*073411~
HL*1**20*1~
NM1*PR*2*CMS*****PI*CMS~
HL*2*1*21*1~
NM1*1P*2*IRNAME*****XX*1234567893~
HL*3*2*22*0~
TRN*1*TRACKNUM*ABCDEFGHIJ~
NM1*IL*1*LNAME*FNAME****MI*1EG4TE5MK73~
DMG*D8*19400401~
DTP*291*RD8*20240101-20251217~
EQ*10^14^30^42^45^48^64^67^80^A7^AD^AE^AG^BD^BF^BG^CO^CQ^RN~
EQ**HC|G0567~
EQ**HC|74263~
EQ**HC|G0475~
EQ**HC|15820~
SE*17*000000001~
GE*1*5014~
IEA*1*000005014~
□

Appendix B – Sample 271 Eligibility Response

Not all the information presented in this example will be present in every HETS 271 response. This example is for illustrative purposes only and shows the various eligibility information that a 271 response may contain, including Part A, Part B, SNF, Hospital, Smoking Cessation, Blood Deductible, Hospice, MSP (including MSP enrollment diagnosis codes), MDPP, ESRD, Home Health, Part D, Inactive Periods, Preventive HCPCS, Rehabilitation, Acupuncture, Immunization, Prior Authorization, and Occupational, Physical & Speech Therapies. This example does not include Medicare Advantage, QMB Periods or Part B-ID benefits.

Sample 271 Eligibility Response

□0000006401□
ISA*00* *00* *ZZ*CMS *ZZ*SUBMITTERID *251015*0734*^*00501*111111111*0*P*|~
GS*HB*CMS*SUBMITTERID*20251015*07340000*1*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*11*TRANSA*20251015*07342355~
HL*1**20*1~
NM1*PR*2*CMS*****PI*CMS~
HL*2*1*21*1~
NM1*1P*2*IRNAME*****XX*1234567893~
HL*3*2*22*0~
TRN*2*TRACKNUM*ABCDEFGHIJ~
NM1*IL*1*LNAME*FNAME*M***MI*1EG4TE5MK73~
N3*Refer to MSG for Subscriber address~
N4*Baltimore*MD*21244~
DMG*D8*19400401*F~
DTP*307*RD8*20240101-20251217~
EB*D~
MSG*Subscriber address - 149 SMITH STREET ADAMS NK 68301~
EB*6**30~
DTP*307*RD8*20240101-20240108~
MSG*Inactive – Prisoner or in custody of a Federal, State or local authority~
EB*I**41^54~
EB*1**88~
EB*D**********Y**HC|15820~
EB*1**30^10^42^45^48^49^69^76^83^A5^A7^AG^BU^BV^RN*MA~
DTP*291*D8*20050401~
MSG*0 – Beneficiary insured due to age OASI~
EB*D**30*MA~
DTP*292*RD8*20240116-20240120~
EB*D**48*MA~
DTP*435*RD8*20240116-20240120~
LS*2120~
NM1*FA*2******XX*1234567893~
LE*2120~
EB*C**30*MA**26*1676~
DTP*291*RD8*20250101-20251231~
EB*C**30*MA**26*1632~
DTP*291*RD8*20240101-20241231~
EB*C**30*MA**29*1676~

DTP*291*RD8*20250101-20251231~
EB*C**30*MA**29*1632~
DTP*291*RD8*20240101-20241231~
EB*C**30*MA**29*0~
DTP*291*RD8*20240116-20240120~
EB*C**42^45*MA**26*0~
DTP*292*RD8*20250101-20251231~
DTP*292*RD8*20240101-20241231~
EB*B**30*MA**26*0~
HSD***DA**30*0~
HSD***DA**31*60~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**30*MA**7*419~
HSD***DA**30*60~
HSD***DA**31*90~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**30*MA**26*0~
HSD***DA**30*0~
HSD***DA**31*60~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**30*MA**7*408~
HSD***DA**30*60~
HSD***DA**31*90~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**30*MA**26*0~
HSD***DA**29*60~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**30*MA**7*419~
HSD***DA**29*30~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**30*MA**26*0~
HSD***DA**29*60~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**30*MA**7*408~
HSD***DA**29*30~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**30*MA**26*0~
HSD***DA**29*56~
HSD*****26*1~
DTP*435*RD8*20240116-20240120~
EB*B**30*MA**7*408~
HSD***DA**29*30~
HSD*****26*1~
DTP*435*RD8*20240116-20240120~
EB*B**AG*MA**26*0~

HSD***DA**30*0~
HSD***DA**31*20~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**AG*MA**7*209.5~
HSD***DA**30*20~
HSD***DA**31*100~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**AG*MA**26*0~
HSD***DA**30*0~
HSD***DA**31*20~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**AG*MA**7*204~
HSD***DA**30*20~
HSD***DA**31*100~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**AG*MA**26*0~
HSD***DA**29*20~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**AG*MA**7*209.5~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*20250101-20251231~
EB*B**AG*MA**26*0~
HSD***DA**29*20~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**AG*MA**7*204~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*20240101-20241231~
EB*B**AG*MA**26*0~
HSD***DA**29*16~
HSD*****26*1~
DTP*435*RD8*20240116-20240120~
EB*B**AG*MA**7*204~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*20240116-20240120~
EB*K**30*MA**32***DY*60~
EB*K**30*MA**33***DY*58~
EB*K**30*MA**7*838~
DTP*435*RD8*20250101-20251231~
EB*K**30*MA**7*816~
DTP*435*RD8*20240101-20241231~
EB*K**A7*MA**32***DY*190~
EB*K**A7*MA**33***DY*180~
EB*1**30^2^3^5^10^14^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^64^67^69^73^76^83^86
^98^A4^A6^A8^AD^AE^AF^AI^AJ^AK^AL^BD^BF^BG^BT^BU^BV^DM^RN^UC*MB~

DTP*291*D8*20050401~
MSG*0 – Beneficiary insured due to age OASI~
EB*1**80^CO*MB~
DTP*771*D8*20251015~
EB*C**30*MB**23*257~
DTP*291*RD8*20250101-20251231~
EB*C**30*MB**23*240~
DTP*291*RD8*20240101-20241231~
EB*C**30*MB**29*0~
DTP*291*RD8*20250101-20251231~
EB*C**30*MB**29*0~
DTP*291*RD8*20240101-20241231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20250101-20251231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20240101-20241231~
EB*C**42^67^AJ^CO*MB**23*0~
DTP*292*RD8*20250101-20251231~
EB*C**42^67^80^AJ*MB**23*0~
DTP*292*RD8*20240101-20241231~
EB*A**42^67^AJ^CO*MB**27**0~
DTP*292*RD8*20250101-20251231~
EB*A**42^67^80^AJ*MB**27**0~
DTP*292*RD8*20240101-20241231~
EB*1**CQ*MB~
DTP*292*RD8*20250101-20250617~
DTP*292*RD8*20240316-20241231~
DTP*292*RD8*20240101-20240228~
DTP*194*D8*20250401~
EB*6**CQ*MB~
DTP*292*RD8*20240301-20240315~
EB*C**CQ*MB**23*0~
DTP*292*RD8*20250101-20250617~
DTP*292*RD8*20240316-20241231~
DTP*292*RD8*20240101-20240228~
EB*A**CQ*MB**27**0~
DTP*292*RD8*20250101-20250617~
DTP*292*RD8*20240316-20241231~
DTP*292*RD8*20240101-20240228~
EB*F***MB*********HC|G9886~
HSD*VS*17***29~
MSG*MDPP HCPCS G9886 and G9887 remaining count is a combined value~
EB*F***MB*********HC|G9888~
HSD*VS*10***29~
EB*D***MB*********HC|G9887~
DTP*472*D8*20240702~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*D***MB*********HC|G9886~
DTP*472*D8*20240626~
LS*2120~
NM1*1P*2******XX*1111111113~

LE*2120~
EB*D***MB*********HC|G9886~
DTP*472*D8*20240419~
LS*2120~
NM1*1P*2******XX*1222222223~
LE*2120~
EB*D***MB*********HC|G9873~
DTP*472*D8*20240401~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*C***MB**23*0******HC|74263~
DTP*292*D8*20251015~
EB*C***MB**23*0******HC|G0475~
DTP*292*D8*20251015~
EB*C***MB**23*0******HC|G0567~
DTP*292*D8*20251015~
EB*A***MB**27**0*****HC|74263~
DTP*292*D8*20251015~
EB*A***MB**27**0*****HC|G0475~
DTP*292*D8*20251015~
EB*A***MB**27**0*****HC|G0567~
DTP*292*D8*20251015~
EB*D***MB*********HC|74263~
DTP*348*D8*20250107~
EB*F**67*MB**22***VS*8~
HSD*VS*6***29~
DTP*292*D8*20240501~
EB*D**AD*MB***208~
DTP*292*RD8*20250101-20251231~
MSG*USED AMOUNT~
EB*D**AD*MB***1345~
DTP*292*RD8*20240101-20241231~
MSG*USED AMOUNT~
EB*D**AE*MB***0~
DTP*292*RD8*20250101-20251231~
MSG*USED AMOUNT~
EB*D**AE*MB***0~
DTP*292*RD8*20240101-20241231~
MSG*USED AMOUNT~
EB*F**BF*MB**29***CA*72~
MSG*Technical~
EB*F**BF*MB**29***CA*72~
MSG*Professional~
EB*F**BG*MB*****99*0~
MSG*Technical~
EB*F**BG*MB*****99*0~
MSG*Professional~
EB*F**BG*MB*****99*15~
MSG*Intensive Cardiac Rehabilitation – Technical~
EB*F**BG*MB*****99*15~
MSG*Intensive Cardiac Rehabilitation – Professional~
EB*F**64*MB**29***CA*19~

DTP*472*D8*20250107~
MSG*Technical~
EB*F**64*MB**29***CA*20~
DTP*472*D8*20241110~
MSG*Professional~
EB*X**42***26~
DTP*472*RD8*20231222-20240116~
MSG*09 – Admitted as an Inpatient to this Hospital~
MSG*NOA – 1~
LS*2120~
NM1*PR*2*ORGNAME*****PI*CONTR~
NM1*1P*2******XX*1234567890~
LE*2120~
EB*X**********HC|G0180~
DTP*193*D8*20240521~
EB*X**********HC|G0179~
DTP*193*D8*20240917~
DTP*193*D8*20240719~
EB*D**RN~
DTP*292*D8*20240301-20240315~
EB*X**45*MA**26~
DTP*292*D8*20180328~
DTP*318*D8*20180401~
DTP*349*D8*20180430~
MSG*Revocation Code – 1~
LS*2120~
NM1*1P*2******XX*1234567890~
LE*2120~
EB*X**45*MA**26~
HSD*DY*7~
DTP*292*RD8*20180405-20180411~
DTP*435*RD8*20180405-20180411~
LS*2120~
NM1*1P*2******XX*1234567890~
LE*2120~
EB*E**10***23***DB*3~
HSD*FL*1***29~
DTP*292*RD8*20250101-20251231~
EB*E**10***23***DB*3~
HSD*FL*2***29~
DTP*292*RD8*20240101-20241231~
EB*R**88*OT~
REF*18*S1234~
REF*N6*001*PLANNAME~
DTP*292*D8*20130101~
LS*2120~
NM1*PRP*2*ORGNAME~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
PER*IC**TE*AAABBBCCCC*UR*www.website.com~
LE*2120~
EB*R**30*13~
REF*IG*MSPPOLICYNUMBER~

REF*6P*MSPGROUPNUMBERORDATEOFLOSS~
DTP*290*RD8*20110601-20240101~
DTP*636*D8*20240131~
MSG*ORM – Y~
MSG*S8002XA,S40012A,S93609A,G5622~
MSG*Source Code- MSPSOURCECODE– MSP SOURCECODE VALUE DESCRIPTOR~
MSG*Patient Relationship- MSPPATIENTRELATIONSHIPCODE– MSP PATIENT RELATIONSHIP CODE VALUE DESCRIPTOR~
LS*2120~
NM1*PRP*2*ORGNAME~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
LE*2120~
EB*D**********HC|91300~
DTP*472*D8*20210823~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*D**********HC|0003A~
DTP*472*D8*20210823~
LS*2120~
NM1*1P*2******XX*1987654323~
LE*2120~
EB*D**********HC|0002A~
DTP*472*D8*20210123~
LS*2120~
NM1*1P*2******XX*1987654323~
LE*2120~
EB*D**********HC|0001A~
DTP*472*D8*20201221~
LS*2120~
NM1*1P*2******XX*1987654323~
LE*2120~
EB*D***MB*********HC|G0567~
DTP*472*D8*20241105~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*D***MB*********HC|G0475~
DTP*472*D8*20240105~
LS*2120~
NM1*1P*2******XX*1234567890~
LE*2120~
EB*D**********HC|99483~
DTP*472*D8*20220103~
LS*2120~
NM1*1P*2******XX*1234567893~
LE*2120~
EB*D**********HC|99483~
DTP*472*D8*20190101~
LS*2120~
NM1*1P*2******XX*1987654323~
EB*D**********HC|90653~

DTP*472*D8*20240901~
LS*2120~
NM1*1P*2******XX*1987654323~
LE*2120~
EB*D**********HC|90674~
DTP*472*D8*20230901~
LS*2120~
NM1*1P*2******XX*1987654323~
LE*2120~
SE*363*0001~
GE*1*1~
IEA*1*111111111~

Appendix C – Revision History

Table 55: Document Revision History provides a summary of changes made to this document.

Table 55: Document Revision History

Version	Date	Description of Changes
13-0	7/23/2025	Changes include: Section 1.4.1 was updated to note that any issues tied to a Medicare Beneficiary's name, date of birth or address of record must be resolved by the Medicare Beneficiary contacting the SSA. Individuals receiving benefits through the Railroad Retirement Board must resolve any issues with name, date of birth or address of record by contacting the RRB. Section 7.2 was updated to reflect that HCPCS codes 0464U, 74263, 80081, G0011, G0013, G0432, G0433, G0435 and G0567 are now supported codes. Section 7.2 was also updated to include additional information about the source of demographic information for Medicare and RRB Medicare individuals, and that issues related to that information must be resolved by the Beneficiary with SSA or RRB. Section 7.2 was also updated to note that **it is essential that HETS Submitters return the 2110C MSG segment** with the Medicare Beneficiary's address if it is included in the 271 response because the address could not be parsed into the N3/N4 segments due to an address issue at SSA or RRB. Section 7.3 was updated to provide contact information for the RRB. Section 7.10.1 Preventive HCPCS Codes Which Return Next Eligible Dates was updated to add codes 0464U and 74263 for COLO. Section 7.10.1 was also updated to remove HCPCS code G0475 (HIV) from the list of preventive HCPCS codes which return next eligible dates. Effective with this release, the HETS 271 will return prior service history instead of next eligible dates for HIV/PReP services. Section 7.10.2.1 was updated to reflect that HCPCS G0567 is a supported HCPCS code for HCV. Section 7.10.2.1 was also updated to note that HIV Infection Screening (HIV) and Pre-exposure Prophylaxis (PReP) information on the HETS 271 will return the most recent instance of prior service history (if any) instead of next eligible dates. HETS additionally now supports HCPCS codes G0011, G0013, G0432, G0433, G0435 and 80081 for HIV/PReP. Section 7.10.2.1 was also updated to note that Part B financial information is only returned for these HCPCS codes if prior service history is on file. Section 7.10.2.2 was updated to note that Part B financial information is only returned for these HCPCS codes if prior service history is on file. The prior Appendix C -- Acronyms was removed.
12-0	5/30/2025	Accepted changes from previous version, finalized document and baselined.
11-3	5/28/2025	Incremented minor version number to align with Release 2025-2.
11-2	5/28/2025	Revised Section 4.3.2. This Section now directs SOAP or MIME submitters (or interested parties) to the HETS Submitter SOAP/MIME Connectivity Instructions document for all technical details about X.509 certificate requirements.
11-1	4/10/2025	Changes include: Section 7.2 was updated to reflect that HCPCS 90684 is a supported HCPCS code for PPV. Section 7.10.2.2 was updated to reflect that HCPCS 90684 is a supported HCPCS code for PPV. PPV information in the HETS 271 response may include multiple instances of prior service.
11-0	1/16/2025	Accepted changes from previous version, finalized document and baselined.

Version	Date	Description of Changes
10-39	1/14/2025	Changes include: Section 7.2 General Transaction Notes was updated extensively including modification to reflect currently supported STC and HCPCS codes. Note indicating that HETS supports more HCPCS codes than may be sent in a single 270 request was removed as support for several categories of service (Audiology, PAP screening tests, Annual Wellness visits) were modified from HCPCS to STC based support. Section 7.2 General Transaction Notes was also updated to note that STC 'BT' now returns coverage under Medicare Part B only. Section 7.2 General Transaction Notes was also updated to clarify information about the Medicare Beneficiary address on the 271 response, including handling if there are format or content issues with the address as it was received from the SSA. Section 7.4 Date Request Rules – Updated date of service example to reflect 2025 date of request. Section 7.5.1 HETS 270/271 Business Rules – Updated to note that when HETS returns a period of Medicare Beneficiary ineligibility due to incarceration, deportation or being unlawfully present in the United States – HETS will now, when available, return specific ineligible periods and the reason for ineligibility. The HETS 271 response may include multiple inactive periods and reasons; these periods may also overlap. Table 11 was added to define 271 2110C MSG01 values for ineligible periods due to incarceration, deportation or unlawfully present in the United States. Section 7.10 Preventive Care Business Rules was updated to remove a note indicating that HETS supports more HCPCS codes than may be sent in a single 270 request (the list of supported preventive HCPCS codes was also updated to reflect recent deletions). Section 7.22 Medicare Diabetes Prevention Program (MDPP) Business Rules was updated to describe an enhancement whereas HETS, when available, also returns a sessions remaining count for HCPCS G9886 and G9888. The sessions remaining count for G9886 is a combined count for MDPP HCPCS G9886 and G9887. An MSG segment will be included in the 271 response for the MDPP HCPCS G9886 session remaining count to ensure that the information received understands that the session remaining count is a combined value for G9886 and G9887. Section 7.27 Audiology Diagnostic Testing Business Rules was updated to note that eligibility information for Audiology Services is now based on submission of STC '71' on the 270 request instead of various HCPCS codes. Updated referenced table from Table 33 to Table 52: 271 Audiology Benefit Data. Section 7.28 Annual Wellness Visit Business Rules was added. It notes that eligibility information for Annual Wellness Visit (AWV) is now based on submission of STC 'BZ' on the 270 request instead of various HCPCS codes. Section 7.29 Screening Pap Test Business Rules was added. It notes that eligibility information for Screening Pap Tests is now based on submission of STC 'BT' on the 270 request instead of various HCPCS codes. Table 24 was updated to note change of potential 271 2100C N301 value from "Unknown" to "Refer to MSG Segment for Subscriber address" when the SSA address is missing or invalid. Added the potential 271 2110C EB and MSG segments that may be used to return a Medicare Beneficiary Address when either the address as received from the SSA could not be parsed or was entirely null. Tables 43-45 were updated to note that Medicare Part D, Medicare Advantage (MA), and/or Medicare Secondary Payer (MSP) plan address information will return on the 271 response for appropriate enrollment periods when that address information is available and a valid address. Table 47: 271 Medicare Diabetes Prevention Program (MDPP) Services was updated to note that sessions remaining will be returned for G9886 and G9888 when available. Also updated to note that sessions remaining for G9886 would be accompanied by an MSG segment explaining that the sessions remaining for G9886 and G9887 is a combined value.

Version	Date	Description of Changes
10-39	1/14/2025	(continued) Table 52: 271 Audiology Benefit Data was added to explain the 271 response for Audiology Services. Table 53: 271 Annual Wellness Visit Benefit Data was added to explain the 271 response for Annual Wellness Visit. Table 54: 271 Screening Pap Test Benefit Data was added to explain the 271 response for Screening Pap Test. Appendices A and B were updated to reflect 2025 dates and rates. Appendix C was updated to include Annual Wellness Visit (AWV) and Social Security Administration (SSA).
10-38.1	11/07/2024	Section 7.2 General Transaction Notes was updated to note that HCPCS codes G0106 and G0120 will be terminated on 1/1/2025. HETS will reject any transactions sent on or after that date which include either G0106 and/or G0120. Section 7.10.1 Preventive HCPCS Codes Which Return Next Eligible Dates was updated to note that HCPCS codes G0106 and G0120 will be terminated on 1/1/2025. HETS will reject any transactions sent on or after that date which include either G0106 and/or G0120. Section 7.22 Medicare Diabetes Prevention Program (MDPP) Business Rules was updated to note that effective 1/1/2025, CMS policy allows same day delivery of multiple MDPP sessions (regular and make up). The HETS MDPP 271 response includes all prior usage from the upstream data source so HETS Submitters may note MDPP sessions that otherwise appear to be duplicative (same date of service, HCPCS and rendering NPI for a Medicare Beneficiary).
10.38	10/17/2024	Changes include: Section 7.2 General Transaction Notes was updated to add HCPCS code 83036 as a supported preventive HCPCS code for Diabetic (DIAB) screening. Section 7.2 was also updated to provide a link to the CMS.gov page which includes information about Medicare's prior authorization requirements for certain services. Section 7.4 – Updated date of service example to reflect 2025 date of request. Section 7.10.1 was updated to add DIAB HCPCS code 83036 as a supported code. Section 7.22 was updated to clarify that the MDPP Period 2 End Date may be a future, current or historic date. Section 7.22 was also updated to note that MDPP HCPCS code G9873 will no longer return on the HETS 271 MDPP response for 'initiating service' if the Beneficiary has no history of billed MDPP services. HCPCS G9873 may still return in the HETS 271 MDPP response if that service was billed for the Beneficiary prior to 2024. Appendices A & B were updated to illustrate the DIAB HCPCS code 83036 in the 270 request and 271 response. Various links to external documents or websites were updated throughout the document to resolve non-functional URLs.
10.37.2/3	10/9/2024	Appendix B was updated to remove improperly formatted content.
10-37.1	08/07/2024	Changes include: Section 7.2 was updated to remove HCPCS code G0136 as a supported HCPCS code. This content change was removed from the HETS2024-3 release. Section 7.10.1 was updated to remove HCPCS code G0136 as a supported HCPCS code. Appendices A & B were updated to remove reference to HCPS code G0136.

Version	Date	Description of Changes
10-37	07/03/2024	Changes include: Section 1.3 was updated to add a new reference document to the CMS MLN fact sheet 'Checking Medicare Eligibility'. Section 7.2 was updated to include Annual Wellness Visit (AWV) HCPCS code G0136 as a supported HCPCS on the HETS 270 request. The CWF calculated next eligible date for this HCPCS will factor in prior Advanced Care Planning (ACP) usage if the service was reported with modifier -33. Section 7.10 was updated to clarify that information returned on the HETS 271 response for supported preventive service HCPCS codes is related to prior preventive services billed under those same HCPCS. HETS does not factor prior billing of these HCPCS if those services were not rendered as a preventive service. A link to CMS information regarding preventive services was added to the Section. Section 7.10.1 was also updated to add AWV HCPCS code G0136 as a supported code. Footnote illustrates specific usage details. Section 7.22 was updated to include a link to CMS FAQs regarding MDPP. The Section was also updated to note that effective with HETS2024-3 release, the HETS MDPP 271 response may return up to 50 MDPP historical usage records. Appendices A & B were updated to illustrate the AWV HCPCS code G0136 in the 271 response.