



Centers for Medicare & Medicaid
Services
Office of Information Technology

Health Insurance Portability and
Accountability Act (HIPAA) Eligibility
Transaction System: HETS 270/271

R2020Q200 Release Summary Document

Version 1.0

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1. Introduction

The purpose of this document is to inform submitters of upcoming changes to the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) 270/271 application that will be implemented with HETS 270/271 R2020Q200 Release.

2. Overview of Release

The HETS R2020Q200 Release will introduce changes to HETS 270 requests and 271 responses.

The following section documents the details for scheduled R2020Q200 changes.

3. Summary of Impact on Trading Partners

3.1 Return Home Health Patient Status Code

Effective with this release, HETS is modifying the 271 response to display the Home Health patient status code (and its text description) in the eligibility response. The HETS 270 must include Service Type Code (STC) 42 to receive Home Health information in the 271 response. The HETS 271 response returns Home Health information for all periods that overlap with the requested Date(s) of Service.

The Home Health Patient Status Code will be returned as a MSG segment that includes the Patient Status Code and its description. All other Home Health Business Rules remain unchanged.

Example of the updated eligibility response – new component *italicized*:

```
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)
MSG1*<PatientStatusCode> - <PatientStatusCodeText>
LS*2120~
NM1*PR*2*MAC*****PI*12345~ (NM103=Contractor Name2; NM109 =
Contractor Number)
NM1*1P*1*****XX*1234567893~ (NM109 = Provider NPI)
LE*2120~
```

¹ If there is no Home Health Patient Status Code on file, then no 271 2110C MSG segment is returned.

² If no Contractor Name is available then no 271 2110C NM103 is returned.

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)

Refer to the Section 7.9 of the [HETS 270/271 Companion Guide](#) for additional information on current Home Health handling.

3.2 Separate Hospital & Skilled Nursing Facility (SNF) Stays Plus Return Associated Billing NPIs

HETS 270/271 currently returns Medicare Part A Hospital spell data in the 271 response when Service Type Codes (STC) 47, 48, 49, AG, A5 and/or A7 are present in the 270 request. HETS 270/271 also currently returns Medicare Part A Skilled Nursing Facility (SNF) data in the 271 response when STC AG is present in the 270 request. HETS does not currently specify the dates of individual Hospital/SNF stays within the complete spell. Effective with this release, HETS will modify its 271 response to separate Medicare Part A spell of illness information into its component Hospital and/or SNF stays. Swing bed data will be included under SNF stays. Additionally, the HETS 271 response will also be updated to include the billing NPI associated with each Hospital or SNF stay.

The HETS 271 response will be modified to add the stay start and (if applicable) end date plus the billing NPI to the existing information already returned for Hospital & SNF spells. Different stay types will be returned in separate 271 EB loops. Within a single spell, the HETS 271 response may return multiple stays of the same type as a single EB loop with multiple DTP segments and a single NPI if that facility provided frequent care. If a spell contains more than 20 stays from a single NPI, the HETS 271 response will return multiple EB loops to detail those additional DTP segments. Multiple spells or stays will be returned in descending order (most recent first) and grouped by spell.

Example segments returned in a 271 response for a Medicare beneficiary with three separate Part A Hospital/SNF spells (please note that the items in brackets are only illustrative and not returned on the 271 response):

<SPELL #1 – Hospital Only>

EB*D**30*MA~
 DTP*292*D8*20200601~ (DTP03 = DOEBA Only)
 EB*D**48*MA~ (Hospital Stay)
 DTP*435*D8*20200601~ (DTP03 = Hospital Start Date Only)
 LS*2120~
 NM1*FA*2*****XX*1234567893~ (NM109 = billing Hospital NPI)
 LE*2120~

<SPELL #2 – One Hospital & Multiple SNF Stays>

EB*D**30*MA~
 DTP*292*RD8*2019315-20190705~ (DTP03 = DOEBA-DOLBA)
 EB*D**48*MA~ (Hospital Stay)
 DTP*435*RD8*20190315-20190327~ (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*20190605-20190705~ (DTP03 = SNF Start & End Dates)
 DTP*435*RD8*20190405-20190605~ (DTP03 = SNF Start & End Dates)
 DTP*435*RD8*20190327-20190405~ (DTP03 = SNF Start & End Dates)
 LS*2120~
 NM1*FA*2*****XX*1234567894~ (NM109 = billing SNF NPI)
 LE*2120~

<SPELL #3 – Multiple Hospital & SNF Stays>

EB*D**30*MA~
 DTP*292*RD8*20180201-20181115~ (DTP03 = DOEBA-DOLBA)
 EB*D**48*MA~ (Hospital Stays 1-4)
 DTP*435*RD8*20180914-20180919~ (DTP03 = Hospital Start & End Dates)
 DTP*435*RD8*20180807-20180812~ (DTP03 = Hospital Start & End Dates)
 DTP*435*RD8*20180517-20180528~ (DTP03 = Hospital Start & End Dates)
 DTP*435*RD8*20180201-20180209~ (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*20180919-20181115~ (DTP03 = SNF Start & End Dates)
 DTP*435*RD8*20180528-20180721~ (DTP03 = SNF Start & End Dates)
 DTP*435*RD8*20180209-20180325~ (DTP03 = SNF Start & End Dates)
 LS*2120~
 NM1*FA*2*****XX*1234567894~ (NM109 = billing SNF NPI)
 LE*2120~

All other Medicare Part A Hospital/SNF business rules continue to apply. HETS will continue to return a Date of Earliest Billing Activity (DOEBA) and Date of Last Billing Activity (DOLBA) as it does today. The 271 response returns all Hospital/SNF spells that intersect or fall within 60 days of the Date(s) of Service specified in the 270 request. Refer to Section 7.8 of the [HETS 270/271 Companion Guide](#) for additional information about Hospital and SNF business rules.

3.3 Support Human Papillomavirus (HPV) Preventive HCPCS Code

Effective with this release, HETS 270/271 will support a new preventive service Healthcare Common Procedure Coding System (HCPCS) code. HETS 270/271 will support HCPCS code G0476 (Human Papillomavirus or HPV) when submitted on the 270 request. HPV is a female specific service and HETS would only return HPV preventive information for female Medicare Beneficiaries. The HETS 271 response will return a CWF calculated next eligible date for HCPCS G0476 based on the Medicare Beneficiary's Part B entitlement status, claims history and utilization rules. Similar to other preventive service HCPCS codes that return next eligible dates, the HETS 271 response for HCPCS G0476 will return:

- HETS 270/271 will return HCPCS code G0476 on the 271 response when submitted on the 270 request
- HETS 270/271 will return zero dollar co-insurance and deductible amounts for HCPCS G0476 when submitted on the 270 request

Example of the new eligibility responses:

EB*C***MB**23*0*****HC|G0476~ (Waived Deductible for this HCPCS)
DTP*292*D8*20200615~ (HETS 270/271 System Date)
EB*A***MB**27**0*****HC|G0476~ (Waived Coinsurance for this HCPCS)
DTP*292*D8*20200615~ (HETS 270/271 System Date)
EB*D***MB*****HC|G0476~ (EB13-2 = HCPCS Code)
DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Date)

Normal preventive service handling rules apply. Refer to Section 7.10 of the [HETS 270/271 Companion Guide](#) for more information.

Appendix A. Record of Changes

Table 1 provides a summary of changes made to this document.

Table 1 - Document Revision History

Version	Date	Description of Changes
1.0	04/01/2020	Base Version