



**Centers for Medicare & Medicaid  
Services  
Office of Information Technology**

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

**R2022Q400 Release Summary Document**

**Version 1.2**

**10/28/2022**

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## 1. Introduction

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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 may be implemented with the HETS 270/271 R2022Q400 Release.

## 2. Overview of Release

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The HETS R2022Q400 Release will introduce changes to the HETS 271 response and may introduce changes to the HETS 270 request.

The following section documents the confirmed and potential R2022Q400 changes.

## 3. Summary of Impact on Trading Partners

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### 3.1 Part B Immunosuppressant Drug (Part B-ID) Data

Starting January 1, 2023, Medicare will offer a new benefit – the Part B Immunosuppressive Drug Benefit or Part B-ID. 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 new benefit only covers immunosuppressive drugs; no other items or services are covered.

Starting October 21, 2022, the HETS 271 response may indicate Medicare Part B coverage effective as early as January 1, 2023, 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 HETS 271 response will include a new Medicare Part B enrollment reason code in the 271 2110C MSG segment: “MSG\*P-Part B Immunosuppressive Drug Benefit~”. The HETS 271 response will return Part B-ID coverage as active Medicare Part B entitlement only. However, until the HETS R2022Q400 release, when you see enrollment reason code ‘P’ it means the individual only has coverage for immunosuppressive drugs even though it looks like they have full Part B coverage starting January 1, 2023.

In the HETS R2022Q400 release, HETS will modify the 271 response to indicate only immunosuppressive drug coverage for those enrolled in the Part B-ID benefit. It will return up to ten (10) Part B-ID enrollment periods that intersect with the requested Date(s) of Service. To get a HETS 271 response, your requested Date(s) of Service must be on or prior to any recorded Date of Death on file. The HETS 271 response for Part B-ID coverage periods will never include Medicare Advantage (MA) or Medicare Secondary Payer (MSP) data.

Effective with the HETS R2022Q400 release, HETS will also modify the 271 response to return up to ten (10) Part B-ID enrollment periods that intersect with the requested Date(s) of Service. To be included in the HETS 271 response, the requested Date(s) of Service must be on or prior to any recorded Date of Death on file.

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

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

The HETS 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)

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

All benefit specific 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 the Part B-ID program for the requested Date(s) of Service.

- Example of the updated HETS 271 response for Dates of Service 01/01/2023 – 01/04/2023, Service Type Code RN, and HCPCS code Q0091 submitted on the 270 requests while the Medicare Beneficiary has Part B-ID coverage effective 01/01/2023:

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 Entitlement)  
DTP\*291\*D8\*20230101~ (DTP03 = Part B-ID Enrollment Effective Date)  
MSG\*P-Part B Immunosuppressive Drug Benefit~ (MSG01 = New Part B-ID Enrollment Reason Code and Text Value)  
EB\*6\*\*RN~ (Inactive ESRD Coverage)  
EB\*C\*\*30\*MB\*\*23\*226~ (EB07 = Part B Base Deductible 2023)  
DTP\*291\*RD8\*20230101-20231231~ (Dates within calendar year when no QMB enrollment is present)  
EB\*C\*\*30\*MB\*\*29\*226~ (EB07 = Part B Remaining Deductible 2023)  
DTP\*291\*RD8\*20230101-20231231~ (Dates within calendar year when no QMB enrollment is present)  
EB\*A\*\*30\*MB\*\*27\*\*2~ (EB08 = Plan Level Coinsurance Percentage 2023)  
DTP\*291\*RD8\*20230101-20231231~ (Dates within calendar year when no QMB enrollment is present)  
EB\*6\*\*\*MB\*\*\*\*\*HC|Q0091~ (Inactive Preventive Screening Pap Test Coverage)

All other HETS Medicare Part B Business Rules remain unchanged. Refer to Section 7.5 of the [HETS 270/271 Companion Guide](#) for additional information on current HETS Medicare Part B Eligibility handling.

## 3.2 Update Financial Data for Preventive Service (Glaucoma, IPPE, & Prostate Cancer Screening) HCPCS

The HETS 271 response typically returns specific Medicare Part B financial data for a submitted Preventive HCPCS code when the Medicare Beneficiary has active Medicare Part B coverage, there is no recorded Date of Death on file, and the financials differ from plan level Medicare Part B Deductible and Coinsurance. However, HETS is not currently returning separate Medicare Part B financial data for the following Preventive services:

- Glaucoma Screening (GLAU) includes codes G0117 and G0118
- Initial Preventive Physical Examination<sup>2</sup> (IPPE) includes codes G0403, G0404, and G0405
- Prostate Cancer Screening (PROS) code G0102

Effective with the HETS R2022Q400 release, HETS will obtain improved data from upstream data systems and will begin returning the expected Medicare Part B financial data for these Preventive services.

All other HETS Preventive Service Financial Rules remain unchanged. Refer to Section 7.7.2 of the [HETS 270/271 Companion Guide](#) for additional information on current HETS Medicare Part B Preventive Service Financial handling.

## 3.3 Potential 2023 HCPCS Code Changes

Effective with the HETS R2022Q400 release, if necessary, HETS will prepare for any industry-mandated changes to HCPCS codes – including modifying HETS 270/271 logic for any supported HCPCS codes that will be replaced or terminated on January 1, 2023. All currently supported HCPCS codes will continue to function until at least December 31, 2022.

CMS will provide additional notification if HETS 270/271 Submitters are required to make any HCPCS related changes. Refer to Sections 7.2 and/or 7.10 of the [HETS 270/271 Companion Guide](#) for additional information about currently supported HCPCS codes.

## Appendix A. Record of Changes

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

**Table 1 - Document Revision History**

Version	Date	Description of Changes
1.2	10/28/2022	Watermark removed; checked for 508-compliance
1.1	10/27/2022	Updated Section 3.1 to remove the word 'successful' when describing a previous kidney transplant. Updated the Part B-ID MSG segment description from 'entitlement reason code' to 'enrollment reason code.' Updated the 271 example to move the location of where the EB01 = 6 value returned for STC codes like RN would return in the 271 response.
1.0	10/12/2022	Base Version