Centers for Medicare & Medicaid Services
Office of Information Technology

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

R2023Q300 Release Summary

Version 1.1

8/15/2023

Table of Contents

List of Tables

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 the HETS 270/271 R2023Q300 Release.

2. Overview of Release

The HETS R2023Q300 Release will introduce potential changes to both the HETS 270 request and 271 response.

The following section documents the confirmed R2023Q300 changes.

3. Summary of Impact on Trading Partners

3.1 Support Audiology Screening HCPCS Codes

Effective with this release, HETS 270/271 will return next eligible dates for select audiology services (AUDG) HCPCS codes listed below when submitted on the 270 request:

HETS supported Audiology HCPCS codes:

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, 92625, 92626, 92627, 92640, 92651, 92652, and 92653

HETS will not return this audiology services information on the 271 response if the Medicare beneficiary does not have active Part B entitlement or has a recorded Date of Death on file at the time of the 270 request. The HETS 271 response will return a CWF calculated next eligible date for these HCPCS codes based on the Medicare beneficiary's Part B entitlement status, claims history, and utilization rules. Additional information about audiology services is available at CMS.gov. The HETS 271 response for audiology HCPCS codes will return the following:

- The coverage status of audiology HCPCS codes on the 271 response when that HCPCS code was submitted on the 270 request.

- Co-insurance and deductible amounts for audiology HCPCS codes when the beneficiary is alive, has active Part B entitlement, and the HCPCS was submitted on the 270 request.

- Next eligible dates for audiology services. If the service includes only a professional component, then the service's detail will include a qualifier indicating the next eligible date is for professional services only.

- Example of the updated 271 response answering Audiology Screening request – new components are **_bolded & italicized_**:

  Financial Information

  EB*C*MB**23*226******HC|92588~ (EB07 = Deductible for HCPCS 92588)**

  DTP*292*D8*20231001~ (DTP03 = System Date)

> *EB*A***MB**27**.2*****HC|92588~ (EB07 = Coinsurance for HCPCS 92588)*
>
> *DTP*292*D8*20231001~ (DTP03 = System Date)*

Next Eligible Date Information

> *EB*D***MB*********HC|92588|26~ (EB13-2 = Audiology screening HCPCS code 92588, EB13-3 = HCPCS Modifier)*
>
> *DTP*348*D8*CCYYMMDD~ (DTP03 = Next eligible professional date)*
>
> *EB*D***MB*********HC|92588|TC~ (EB13-2 = Audiology screening HCPCS code 92588, EB13-3 = HCPCS Modifier)*
>
> *DTP*348*D8*CCYYMMDD~ (DTP03 = Next eligible technical date)*

3.2 Enhance HETS 271 Response with Prior Authorization Indicator for Returned HCPCS Codes

Effective with this release, the HETS 271 response will be enhanced to include a specific and separate 271 2110C EB segment which contains a yes or no value indicating if an authorization or certification is required from the first 10 HCPCS codes (excluding preventive, PPV, smoking cessation or any other HCPCS benefit that HETS currently returns) that were submitted in the 270 request. Certain conditions apply and are outlined below.

If the 270 request contains more than 10 HCPCS codes, then any additional codes will not receive the authorization or certification details. If HETS submitters wish to take advantage of this functionality, it is essential that they 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 the 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 271 response will then provide separate 271 2110C EB segments for prior authorization of each remaining HCPCS code from the first 10 submitted.

The HETS 271 response indicating if an authorization or certification 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.

- Example of the updated 271 response adding the yes/no condition or response code to the 271 response – new components are **bolded & italicized**.

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

CMS reminds HETS Submitters that the ASC X12 270/271 version 005010X279A1 standard allows a maximum of 99 EQ segments to be submitted on a 270 request. If a HETS Submitter attempts to send every supported HCPCS code on a 270 request plus several separate EQ segments for Service Type Codes (STCs), then the Submitter may exceed 99 EQ segments. Per the standard, HETS will respond with a 999 response if the 270 request includes more than 99 EQ segments.

All other HETS system rules remain unchanged. Refer to Section 7.2 of the [HETS 270/271 Companion Guide](#) for additional information on current HETS supported HCPCS codes.

3.3 Update Medicare Secondary Payer (MSP) Eligibility Response

The HETS 271 response returns all Medicare beneficiary insurance coverage policies that are primary to Medicare coverage if the MSP enrollment period overlaps the requested Date(s) of Service. Effective with this release, the HETS 271 response for MSP coverage will be enhanced to return Ongoing Responsibility for Medicals (ORM) data, when available.

If an MSP Insurance Type Code is 14, 15, 47, or WC, **and** the MSP enrollment period is closed **and** there is no ORM indicator MSG segment returned on the 271 MSP response, then the Provider should assume the ORM indicator value is 'no.' Additional information about MSP ORM is available at CMS.gov.

Note: The HETS 271 response for MSP coverage will return the ORM data when it is available from the upstream database. Enhanced ORM data will be available no earlier than October 2023.

- Example of the updated MSP 271 response. New/updated components are ***bolded & italicized.***

  EB*R**30*14~ (EB04 = MSP Insurance Type Code)

  REF*IG*54321~ (REF02 = MSP Policy Number)

  REF*6P*8675309~ (REF02 = MSP Group Number)

  DTP*290*D8*CCYYMMDD~ (Ongoing MSP enrollment period)

  DTP*636*D8*CCYYMMDD~ (DTP03 = Last MSP Maintenance Date)

  MSG*ORM – Y~ (ORM indicator value)

  MSG*M545,M542,M25512,M25412,S40012A,G5622~ (MSP ICD-10 diagnosis codes)

  MSG*Source Code- MSPSOURCECODE– MSP SOURCECODE VALUE DESCRIPTOR~

  MSG*Patient Relationship- MSPPATIENTRELATIONSHIPCODE– MSP PATIENT RELATIONSHIP CODE VALUE DESCRIPTOR~

  LS*2120~

  NM1*PRP*2*XYZ HEALTHPLAN~

  N3*987 BROADWAY~

  N4*ANYTOWN*HI*999999999~

  LE*2120~

  EB*R**30*14~ (EB04 = MSP Insurance Type Code)

  REF*IG*12345~ (REF02 = MSP Policy Number)

  REF*6P*DOL - 20221101~ (REF02 = MSP Date of Loss)

  DTP*290*RD8*CCYYMMDD-CCYYMMDD~ (Closed MSP enrollment period)

  DTP*636*D8*CCYYMMDD~ (DTP03 = Last MSP Maintenance Date)

  MSG*S8002XA,S40012A,S93609A,G5622~ (MSP related ICD-10 diagnosis codes)

  MSG*Source Code- MSPSOURCECODE– MSP SOURCECODE VALUE DESCRIPTOR~

MSG*Patient Relationship- MSPPATIENTRELATIONSHIPCODE– MSP PATIENT RELATIONSHIP CODE VALUE DESCRIPTOR~

LS*2120~

NM1*PRP*2*ABC HEALTHPLAN~

N3*123 MAIN ST~

N4*ANYTOWN*MD*21204~

LE*2120~

All other HETS MSP Rules remain unchanged. Refer to Section 7.20 of the HETS 270/271 Companion Guide for additional information on current HETS Medicare MSP handling.

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	07/31/2023	Base Version
1.1	08/15/2023	Section 3.2: Removed smoking cessation from HCPCS codes dropped if the code can already be returned on the HETS 271 response for preventive, PPV, or any other benefit.