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**1. Title of best practice:**

Service Type 60 Response (Active Coverage, No Benefits Reported)

**2. Who does the best practice apply to:**

Information Sources that support the Service Type 60 and Receivers

**3. Narrative description as to what is being addressed by this best practice:**

This Best Practice provides an option for Information Receivers to receive a 271 eligibility response without receiving a detailed, comprehensive response. This inquiry is intended as an option for subsequent inquiries when the Information Receiver needs to verify the patient's status (active/inactive) and that subscriber/patient demographic information has not changed. This inquiry may be practical and better meet the needs for smaller or single specialty Information Receivers than a comprehensive response.

**4. Loops, segments and elements, etc. that the best practice applies to:**

270 – Loop 2110C or 2110D, EQ segment

271 – Loop 2110C or 2110D, EB segment

**5. Describe how to do the best practice:**

An Information Receiver will submit a 270 inquiry with EQ01 = "60". The Information Source will respond with an abbreviated 271 Response reporting only the patient status (active/inactive); and any change in patient demographic information.

Note: If information sources do not support the Service Type 60 then a standard HIPAA-compliant Service Type 30 response should be returned.

**Examples to illustrate best practice:**

**270 Inquiry**

```
ST*270*10011*005010X279
BHT*0022*13**20091018*1222
HL*1**20*1
NM1*PR*2*XYZPAYER*****PI*999999
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
N3*123 MAIN ST
N4*ANYTOWN*MN*12345
HL*3*2*22*0
TRN*1*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
DMG*D8*19881112
DTP*291*D8*20091018
EQ*60
SE*14*10011
```

Code "60" = General Benefits

**271 Response**

ST\*271\*0001\*005010X279  
BHT\*0022\*11\*\*20091018\*1223  
HL\*1\*20\*1  
NM1\*PR\*2\*XYZPAYER\*\*\*\*\*PI\*999999  
PER\*IC\*MEMBER SERVICES\*TE\*8001234567  
HL\*2\*1\*21\*1  
NM1\*1P\*2\*ABCPROVIDER\*\*\*\*\*XX\*0123456789  
HL\*3\*2\*22\*0  
TRN\*2\*XYZ123\*9111222333  
NM1\*IL\*1\*CLAUS\*FRED\*G\*\*\*MI\*98989899  
REF\*6P\*AB123-01\*JOE'S STORE  
N3\*456 MAIN ST  
N4\*ANYTOWN\*MN\*55121  
DMG\*D8\*19450420\*M  
INS\*Y\*18\*001\*25  
DTP\*291\*RD8\*20091001-99991231  
EB\*1\*\*30\*PR\*PLAN OR PRODUCT NAME  
EB\*1\*\*60  
SE\*19\*0001

Active Coverage – No Benefits Reported

**7. Approval date:**

7/24/15

**8. Last reviewed date:**

6/22/2015