



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

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**1. Title of best practice:**

Service Type Inquiry/Response

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

Information Sources and Information Receivers

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

Best Practice provides a mechanism for Information Receivers to request eligibility on specific Service Types when needed to obtain information related to a specific Service Type. Information Sources would return an explicit response based on the Service Type requested by the Information Receiver.

**4. The 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 would submit a 270 inquiry with an EQ equal to any of the supported Service Types. An Information Source would respond to the 270 inquiry with a 271 specific to the supported Service Type requested by the Information Receiver. If an inquiry is submitted with a Service Type Code from the list other than those listed as supported and the Information Source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of “30” (Health Benefit Plan Coverage) was received by the information source.

**Supported Type Service List**

The Grid below illustrates the content that will be included in a response to information receivers for each type of request.

<b>5010</b>	
<b>270</b>	<b>271</b>
<b>Information Receiver Request</b>	<b>Information Source Response</b>
<b>EQ01 Service Type Request</b>	<b>EB03 Service Type(s) Response</b>  *** For this code, only Active/Inactive will be returned. Information Source is prohibited from returning additional or full liability information. * For this code, Active/Inactive at a minimum will be returned. Information Source has option of returning additional or full liability information.
<b>Response will be as indicated in column B for each Service Type in column A.</b>	
<b>A</b>	<b>B</b>
1 Medical Care	1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion
4 Diagnostic X-Ray	4 Diagnostic X-Ray
5 Diagnostic Lab	5 Diagnostic Lab
6 Radiation Therapy	6 Radiation Therapy
7 Anesthesia	7 Anesthesia
8 Surgical Assistance	8 Surgical Assistance
9 Other Medical	9 Other Medical
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental
20 Second Surgical Opinion	20 Second Surgical Opinion

# 5010

270	271
Information Receiver Request	Information Source Response
30 Health Benefit Plan Coverage	1 Medical Care*** 86 Emergency Services 98 Professional Visit Office: Physician 47 Hospital MH Mental Health*** AL Vision/Optometry 35 Dental Care* 88 Pharmacy* UC Urgent Care 33 Chiropractic 48 Hospital Inpatient 50 Hospital - Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical BZ Professional Visit Office: Well
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic
35 Dental Care	35 Dental Care*
40 Oral Surgery	40 Oral Surgery
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home
45 Hospice	45 Hospice
47 Hospital	47 Hospital 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 53 Hospital – Ambulatory Surgical
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical
60 General Benefits	60 General Benefits*** (Note: No Benefits reported not even the overall 30 level Deductible and Out of Pocket liability)
61 In-vitro Fertilization	61 In-vitro Fertilization
62 MRI/CAT Scan	62 MRI/CAT Scan
64 Acupuncture	64 Acupuncture
65 Newborn Care	65 Newborn Care

# 5010

270	271
Information Receiver Request	Information Source Response
68 Well Baby Care	68 Well Baby Care 80 Immunizations BH Pediatric
69 Maternity	69 Maternity
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical
76 Dialysis	76 Dialysis
78 Chemotherapy	78 Chemotherapy
80 Immunizations	80 Immunizations
81 Routine Physical	81 Routine Physical
82 Family Planning	82 Family Planning
83 Infertility	83 Infertility 61 In-vitro Fertilization
84 Abortion	84 Abortion
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services 98 Professional (Physician) Visit – Office
88 Pharmacy	88 Pharmacy*
93 Podiatry	93 Podiatry
98 Professional (Physician) Visit - Office	98 Professional (Physician) Visit – Office BZ Physician Visit - Office: Well
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home
A6 Psychotherapy	A6 Psychotherapy***
A7 Psychiatric - Inpatient	A7 Psychiatric - Inpatient***
A8 Psychiatric - Outpatient	A8 Psychiatric - Outpatient***
AD Occupational Therapy	AD Occupational Therapy
AE Physical Medicine	AE Physical Medicine
AF Speech Therapy	AF Speech Therapy
AG Skilled Nursing Care	AG Skilled Nursing Care
AI Substance Abuse	AI Substance Abuse
AL Vision (Optometry)	AL Vision (Optometry)*
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation
BH Pediatric	BH Pediatric

<b>5010</b>	
<b>270</b>	<b>271</b>
<b>Information Receiver Request</b>	<b>Information Source Response</b>
MH Mental Health	MH Mental Health*** CE MH Provider – Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient
UC Urgent Care	UC Urgent Care
BT Gynecological	BT Gynecological
BU Obstetrical	BU Obstetrical
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical
BY Physician Visit – Office: Sick	BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well	BZ Physician Visit – Office: Well
CE MH Provider – Inpatient	CE MH Provider – Inpatient
CF MH Provider – Outpatient	CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient	CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient	CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient	CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient	CJ Substance Abuse Facility – Outpatient
CK Screening X-ray	CK Screening X-ray
CL Screening Laboratory	CL Screening Laboratory
CM Mammogram, HR Patient	CM Mammogram, HR Patient
CN Mammogram, LR Patient	CN Mammogram, LR Patient
CO Flu Vaccination	CO Flu Vaccination
DM Durable Medical Equipment	DM Durable Medical Equipment *** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental
PT Physical Therapy	PT Physical Therapy
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• All other Service types are responded as if a 30 were requested if the information source does not support it.</li> </ul>	

## 6. Examples to illustrate best practice:

### 270 Request

This example is a request by an Information Receiver for a Patient's (subscriber) specific eligibility and benefits. The Information Receiver wants to know if the Patient has Pharmacy coverage.

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\*88  
"88"  
SE\*15\*10011

Explicit Request Service Type

### 271 Response

The Information Source chose to return full liability for Pharmacy in this 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\*1  
TRN\*2\*XYZ123\*9111222333  
NM1\*IL\*1\*CLAUS\*FRED\*G\*\*\*MI\*98989899  
REF\*6P\*AB123-01\*MY GROUP  
N3\*456 MAIN ST  
N4\*ANYTOWN\*MN\*55121  
DMG\*D8\*19450420\*M  
INS\*Y\*18\*001\*25  
DTP\*291\*RD8\*20150101-20310301  
EB\*1\*\*30\*IN\*CMM~  
EB\*C\*FAM\*30\*\*\*23\*5000\*\*\*\*\*W~  
EB\*C\*FAM\*30\*\*\*29\*5000\*\*\*\*\*W~  
EB\*C\*IND\*30\*\*\*23\*2000\*\*\*\*\*W~  
EB\*C\*IND\*30\*\*\*29\*2000\*\*\*\*\*W~  
EB\*G\*FAM\*30\*\*\*23\*7000\*\*\*\*\*W~  
EB\*G\*FAM\*30\*\*\*29\*7000\*\*\*\*\*W~  
EB\*G\*IND\*30\*\*\*23\*3000\*\*\*\*\*W~  
EB\*G\*IND\*30\*\*\*29\*3000\*\*\*\*\*W~  
EB\*A\*IND\*88\*\*\*\*\*0\*\*\*\*\*W~

Pharmacy 0\$ No Co-Insurance

EB\*B\*IND\*88\*\*\*\*10\*\*\*\*W~  
EB\*C\*FAM\*88\*\*\*\*0\*\*\*\*W~  
EB\*C\*IND\*88\*\*\*\*0\*\*\*\*W~  
Deductible  
SE\*30\*0001

Pharmacy 10\$ Co-Pay  
Pharmacy 0\$ Waived/No Family Deductible  
Pharmacy 0\$ Waived/No Individual

## 270 Inquiry

This example is a request by an Information Receiver for a Patient's (subscriber) specific eligibility without benefits. The Information Receiver wants to verify the patient's status (active/inactive) and that subscriber/patient demographic information has not changed.

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

The Information Source reporting only the patient status (active/inactive); and any change in patient demographic information in this 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

Patient Date of Birth was corrected

DTP\*291\*RD8\*20091001-99991231

EB\*1\*\*30\*PR\*PLAN OR PRODUCT NAME

EB\*1\*\*60

Active Coverage – No Benefits Reported

SE\*19\*0001

**7. MCT Approval date:**

08/26/015

**8. AUC Approval date:**

November 14, 2015