Blue Cross and Blue Shield of Illinois

HIPAA Transaction Standard Companion Guide

270/271 Health Care Eligibility Benefit Inquiry and Response

Version 1.1

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Section 1: Introduction

1.1 Scope

The Health Insurance Portability and Accountability Act (HIPAA) transaction implementation guides for Electronic Data Interchange (EDI) transactions are called Technical Reports, Type 3 (TR3s). These provide guidelines for submitting HIPAA-standard EDI transactions. The TR3s require transmitters and receivers to make certain determinations. This companion guide is provided to assist BCBSIL trading partners with the 270/271 Health Care Eligibility and Benefit Inquiry and Response transactions.

The BCBSIL Companion Guide does not replace the HIPAA ASC X12N TR3s, nor does it attempt to amend any of the information therein. It does not impose any additional obligations on trading partners of BCBSIL which are not permitted to be imposed by the HIPAA standards for electronic transactions.

Additionally, please note this Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) which exists between BCBSIL and its trading partners. Trading partners should refer to their TPA for guidelines pertaining to any legal conditions surrounding implementation of EDI transactions and code sets.

1.2 Overview

The 270 inquiry is used to inquire about the eligibility and benefit status of a patient, and the 271 transaction is the response to the inquiry. BCBSIL returns detailed eligibility and benefit information on the 271 response. This companion guide contains assumptions, conventions, determinations or data specifications related to eligibility and benefits transactions which are unique to BCBSIL. This document also provides information on specific code pertinent to BCBSIL business processes and situations which are within the parameters of HIPAA. Readers of the companion guide should be familiar with the HIPAA ASC X12 TR3s, their structure and content. Refer to this companion guide for information on BCBSIL business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Information contained in this companion guide is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the TPA. If there is an inconsistency with the terms of this guide and the terms of the TPA, the terms of the TPA shall govern. If inconsistencies exist between the terms of this companion guide and the TR3(s), the relevant TR3(s) will govern with respect to HIPAA edits. The BCBSIL Companion Guide will govern with respect to business edits.

1.3 References

If you conduct electronic eligibility and benefit transactions and/or other HIPAA-standard transactions, it is your responsibility to obtain and follow EDI transaction standards specified within the current HIPAA-mandated ASC X12 5010 TR3s.

The Washington Publishing Company (WPC) is an independent publisher of technical reports recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the X12 website at https://x12.org/products.

Section 2: Getting Started

The purpose of this section is to provide a process by which to initiate a connection with BCBSIL.

2.1 Working with BCBSIL

Providers may not establish a direct connection with BCBSIL. Providers must transact using an existing BCBSIL vendor connection.

Vendors may establish a connection with BCBSIL through the approved vendor of Availity® Essentials. A connection directly to BCBSIL must first be approved by BCBSIL Electronic Commerce Services. *(Refer to Section 8: Contact Information for details)*

2.2 Trading Partner Agreements

Trading Partner Agreements must be established with our preferred clearinghouse of Availity Essentials.

2.3 Communication Protocol Specifications

For potential trading partners requesting a direct connection with BCBSIL to exchange 005010X279A1 (270/271) transactions, the request must first be evaluated to determine if direct connection with BCBSIL is necessary.

If it is determined a direct connection is appropriate, the interface/connectivity specifications will be sent directly to the trading partner. The trading partner must be able to support HTTPS with mutual authentication and a Simple Object Access Protocol (SOAP) wrapped X12 body. Once all criteria are met, all URLs, URIs, certificates and/or passwords will be shared upon authorization.

If the direct connect request is not accepted, BCBSIL will refer the trading partner to Availity Essentials, our preferred clearinghouse.

2.4 Passwords

The necessary connection information including network user IDs and passwords, will be identified within the interface specifications. This information will be sent once BCBSIL has determined a direct connection is applicable and the TPA is executed between BCBSIL and the provider or vendor.

Note: If intermediary connections or vendors are involved additional password policies may apply.

2.5 Certification and Testing Overview

All trading partners (clearinghouses) must be certified, if applicable. BCBSIL recommends the trading partner obtain HIPAA certification from an approved third-party testing and HIPAA certification vendor, prior to testing. Providers using a vendor to conduct transactions with BCBSIL should contact their vendor to verify that certification and testing requirements have been met.
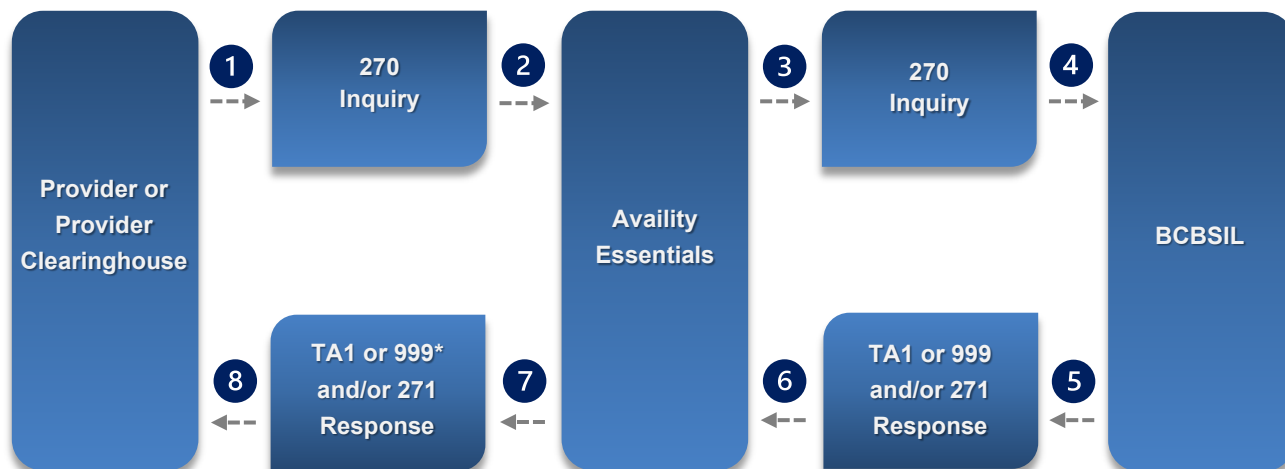
Section 3: Connectivity Process

This section outlines the processes and procedures associated with transacting and communicating with BCBSIL.

3.1 Process Flow

Below is a diagram that outlines the general process flow for the 270/271 transactions.

*TA1 or 999 sent per agreement between provider or provider clearinghouse and Availity Essentials.

3.2 Transmission Administration Procedures

BCBSIL only allows a transaction to contain a single member inquiry per transmission. In addition, BCBSIL only allows a single transaction to be contained within a submission, which translates to:

- One interchange (ISA-IEA) per transmission
- One functional group (GS-GE) per transmission
- One transaction set (ST-SE) per transmission

Refer to the TR3(s) for term clarification and additional information.

3.3 Re-transmission Procedures

The following notifications will be sent if a transmission is unable to be completed:

- **'AAA' Error Codes**

  Refer to Section 5.2: AAA Reject Reason Codes used by BCBSIL for the AAA error codes and their descriptions.

- **TA1 Interchange Acknowledgement Transaction**

  All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner the file could not be processed.

  Once BCBSIL determines the file is readable upon re-transmission, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner.

- **999 Functional Acknowledgement Transaction**

  If the transaction submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA-compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the transaction has failed the compliance check. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected with a 999 response.

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3.4 System Availability

Generally, BCBSIL is available 24 hours, 7 days a week, for real-time inquiry transactions such as the 270/271 Eligibility/Benefit Inquiry & Response transaction exchanges; hours of active 270/271 Eligibility/Benefit Inquiry & Response transaction operation include Holidays.

When maintenance is required affecting the availability of the 270/271 Eligibility/Benefit Inquiry & Response transaction, BCBSIL will notify our exclusive clearinghouse vendor (Availity) with the target timeframe for the downtime. Unplanned system outages may also occur occasionally and impact our ability to support and/or process 270 Eligibility/Benefit Inquiry transactions. BCBSIL will send an email communication to our exclusive clearinghouse vendor advising of our non-routine and unplanned outages.

BCBSIL reserves each Sunday, from 8 p.m. to 12 a.m. central for maintenance unless otherwise advised via notification to our exclusive clearinghouse vendor.

Section 4: Control Segments and Envelopes

Control Segments apply to all transactions and include the ISA and GS Segments. These segments are part of every transmission structure. The parameters outlined below are applicable to vendors who have a direct connection with BCBSIL.

4.1 Common Definitions

The *Interchange Control Header (ISA06) Interchange Sender ID (Mailbox ID)* is individually assigned to each trading partner. The *Functional Group Header (GS02) Application Sender's Code* is individually assigned to each trading partner.

4.2 Enveloping Details

ASC v5010 Requirements			
Field	**Length**	**270 Inquiry**	**271 Response**
ISA01	2	00	00
ISA03	2	00	00
ISA05	2	01 or 30	ZZ
ISA06	15	Vendor's Dun & Bradstreet (D&B) Data Universal Numbering System (D-U-N-S®) Number or Federal Tax ID	00621 for BCBSIL HMAPD for Medicare Advantage MCDIL for Illinois Medicaid
ISA07	2	ZZ	01 or 30
ISA08	15	BCBSIL = 00621 Medicare Advantage = HMAPD Illinois Medicaid = MCDIL	Vendor's D&B D-U-N-S Number or Federal Tax ID
ISA11	1	Repetition separator (see table below)	Repetition separator (see table below)
ISA14	1	0	0 A 999 Implementation Acknowledgement is returned regardless of what value is sent in the ISA14.
ISA15	1	"P" must be used to indicate Production "T" must be used to indicate Test	"P" must be used to indicate Production "T" must be used to indicate Test
ISA16	1	: = Composite separator	: = Composite separator

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Field	Length	270 Inquiry	271 Response
GS02	2/15	Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R"	00621 for BCBSIL HMAPD for Medicare Advantage MCDIL for Illinois Medicaid
GS03	2/15	00621 for BCBSIL HMAPD for Medicare Advantage MCDIL for Illinois Medicaid	Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R"
GS06	1/9	Group Control Number	Group Control Number
2100A-NM101	2/3	PR	PR
2100A-NM103	1/35	BCBSIL	BCBSIL
2100A-NM108	1/2	PI	PI
2100A-NM109	2/80	00621 for BCBSIL HMAPD for Medicare Advantage MCDIL for Illinois Medicaid	00621 for BCBSIL HMAPD for Medicare Advantage MCDIL for Illinois Medicaid

4.3 Delimiters/Separators

The delimiters/separators below cannot be used in a data element value elsewhere in the transaction. Use of these delimiters/separators within a data element could result in translation errors when the transaction is processed.

Delimiters/Separators		
Name	**Character**	**Description**
Asterisk	*	Data element separator
Carat/Curly Bracket	^ or {	Repeating data element separator (Vendor and/or Provider must support both values)
Colon	:	Composite data element separator
Tilde	~	Terminator

Section 5: Business Rules and Limitations

The purpose of this section is to provide BCBSIL-specific data, business processes and situations which are within the parameters of HIPAA.

5.1 Business Rules

The guidelines below apply when transacting with BCBSIL.
- Only the ASC v5010 format will be accepted.
- Transactions received within core business hours will be responded to in real-time (20 seconds).

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5.2 AAA Reject Reason Codes used by BCBSIL

AAA03 Values	Reason Code	Description of Reason Code
2000A/2100A	42	Unable to Respond at current time
2100B	50	Provider Ineligible for Inquiries
	51	Provider Not on File
2100C	58	Invalid/Missing Date of Birth
	62	Date of Service Not Within Allowable Inquiry Period
	71	Patient Date of Birth Does Not Match That for the Patient on the Database
	72	Invalid/Missing Subscriber/Insured ID
	73	Invalid/Missing Subscriber/Insured Name
	75	Subscriber/Insured Not Found
	76	Duplicate Subscriber/Insured ID Number
2110C	62	Date of Service Not Within Allowable Inquiry Period
2100D	62	Date of Service Not Within Allowable Inquiry Period
	64	Invalid/Missing Patient ID
	65	Invalid/Missing Patient Name
2110D	62	Date of Service Not Within Allowable Inquiry Period

5.3 Local and BlueExchange® (Out-of-state) Transactions

"Local" (in this section) is used to refer to the following Blue Cross and Blue Shield Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas.

When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

BlueExchange is the process which enables the exchange of information for out-of-state BCBS members, as part of our BlueCard® Program. Through BlueExchange, transactions are routed to the appropriate BCBS Plan who responds with the appropriate eligibility and/or benefits. In these instances, the BCBS Plans' payer-specific business rules apply.

For BlueExchange transactions, the following information is returned by BCBSIL:

- Benefits for both facility and professional providers *(if applicable to the Service Type Code)*
- Benefits for both in-network and out-of-network *(if applicable to the product type)*

5.4 Service Type Codes

When sending a 270 inquiry, using a specific Service Type Code related to the services being performed will provide a more streamlined response specific to the services requested (e.g., Service Type Code 2 – Surgical, or Service Type Code 33 – Chiropractic).

Service Type Codes which are not explicitly supported by BCBSIL will return a response equivalent to the Service Type Code 30 – Health Benefit Plan Coverage.

Only one Service Type Code (EQ01) is supported for each 270 inquiry.

5.5 Dates of Service

Future Dates of Service

- Requests for future dates of service are supported up to the last day of the current month.
- Requests for future dates of service not falling within the current month will receive the following response: AAA Error Code 62 – Date of Service Not Within Allowable Inquiry Period.

Past Dates of Service

- Requests for past dates of service are supported up to 12 months prior to the current date.
- Requests for past dates of service greater than 12 months prior to the current date will receive the following response: AAA Error Code 62 – Date of Service Not Within Allowable Inquiry Period.

5.6 Additional BCBSIL Information

Three-Character Prefixes

All 270 inquiries require the three-character prefix to precede the member ID number except for Federal Employee Program® policies. FEP policies require an "R" to precede the member ID number.

National Provider Identifier (NPI) – Billing vs. Rendering

Physicians and other professional providers must use their Rendering NPI (Type 1). Facilities and Institutional providers must use their Billing NPI (Type 2).

Procedure and Diagnosis codes

BCBSIL does not use procedure and/or diagnosis codes sent in the EQ02 and QA05 segments within the 270 inquiry to determine the benefits. However, procedure codes are recognized in loop 2100, EQ02-1 and EQ02-2 segments to determine prior authorization requirements.

Note: The procedure code-specific inquiry used to determine prior authorization requirements is not currently supported for FEP, Medicare Advantage, or Illinois Medicaid members.

NM109 Segment

For BCBSIL transactions, the NM109 segment must be 4 – 17 characters in length.

Supported Search Options

BCBSIL supports the below search options. Search options may differ depending upon your vendor and/or practice management system.

- Member ID, Date of Birth, First Name, Last Name
- Member ID, Date of Birth, Last Name
- Member ID, First Name, Last Name
- Member ID and Date of Birth
- Member ID, Date of Birth, First Name
- Member ID, Date of Birth, First Name, Last Name, Group Number
- Member ID, Date of Birth, Group Number

Section 6: Transaction Specific Information

#	Loop ID – Segment Description and Element Name	Reference Description	TR3 Page(s)	BCBSIL Required and Recommended Fields and Values
1	2100A Information Source Level Payer Name	NM101 NM102 NM103 NM108 NM109	69	**Required:** NM101 – PR (Payer) NM102 – 2 Non-Person Entity NM103 – BCBSIL NM108 – PI (Payer Identification) NM109 – Payer ID
2	2100B Information Receiver Level Information Receiver Name	NM101 NM108 NM109	75	**Required:** NM101 – 1P (Provider) NM108 – XX (denotes NPI) NM109 – NPI **Recommended:** N4 – Provider City, State and Zip Code PRV01 – AT (Attending) or H (Hospital)
3	2100C Subscriber Name 2100D Dependent Name	NM101	92/151	**Required:** NM101 – IL (Subscriber) or 03 (Dependent) NM103 – Last name Must send for use in Primary Search or to support the required Alternate Searches that require last name. **Recommended:** REF01 – 6P (Group Number) REF02 – Group number as listed on ID card
4	2100C Subscriber/Dependent Date of Birth		107/164	Must send for use in Primary Search or to support the required Alternate Searches that require DOB. If patient is dependent, do not send in this loop.

Section 7: Acknowledgements

BCBSIL processes the following ASCX12 HIPAA acknowledgements for Eligibility and Benefit Inquiries:

Acknowledgements	Description
ASC X12 **TA1** v005010X231A1 (HIPAA)	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 **999** v005010X231A1 (HIPAA)	Functional Acknowledgement: A negative 999 is sent in case of compliance issues

(Refer to Section 3.3: Re-transmission Procedure for more information about TA1s and 999s)

Section 8: Contact Information

Electronic Trading Partner Inquiries	
For assistance with:	**Contact the following:**
Connectivity issues, or applications/functions	Vendor or clearinghouse with whom you are trying to connect
Questions on obtaining and following EDI transaction standards specified within the current HIPAA-mandated TR3s	X12 ✆: https://x12.org/products
Requesting direct connection with BCBSIL, general EDI-related questions which cannot be addressed by Availity, and/or questions on specific transactions	BCBSIL Electronic Commerce Services ✉: ecommerceservicesIL@bcbsil.com

BCBSIL Provider Inquiries	
For more information on:	**Contact the following:**
The utilization of a practice management system and/or an electronic trading partner to conduct electronic transactions on your behalf	Your current software vendor, billing service and/or clearinghouse
Other eligibility or benefit related questions	BCBSIL Provider Customer Service ☎: (800) 972-8088 Medicare Advantage Customer Service ☎: (877) 774-8592 Blue Cross Community Health Plan Customer Service ☎: (877) 860-2837 Blue Cross Community MMAI Customer Service ☎: (877) 723-7702

Applicable Websites	
Additional information on:	**Visit:**
BCBSIL related materials, such as Electronic Commerce Alerts, general News and Updates, and more	✆: bcbsil.com/provider
Registering with Availity Essentials or to learn more about products and services available to providers contracted with BCBSIL	✆: availity.com
Purchasing TR3s	✆: https://x12.org/products

Appendices

A1 Implementation Checklist

The necessary steps for transacting with BCBSIL include:

- Establish connectivity with BCBSIL *(Refer to Section 2 and 3 for detailed instructions)*
- Confirm Trading Partner Registration and Agreements are on file with BCBSIL *(Refer to Section 2.2 for details)*
- Perform testing and certification prior to onboarding with BCBSIL *(Refer to Section 2.5 for details)*

A2 Business Scenarios

Business Scenarios may be obtained by contacting X12. *(Refer to Section 8: Contact Information)*

A3 Transmission Examples

To obtain Testing Transmissions Examples, contact X12. *(Refer to Section 8: Contact Information)*

A4 Frequently Asked Questions

How much time will testing require?

The timeline varies depending on the support and coordination providers establish with their software vendor and/or clearinghouse. The accuracy of the test file, based on the TR3(s) and the BCBSIL Companion Guide requirements, will also help expedite the testing process.

Does BCBSIL have special requirements for HIPAA transactions?

Yes. There are situational data elements BCBSIL needs in order to conduct business electronically and process transactions. BCBSIL has developed this Companion Guide to supplement the TR3s. The BCBSIL Companion Guide contains specific data elements required for transactions and clarifies some of the standard uses of the transaction elements.

What is the difference between real-time and batch transactions?

Batch transactions are sent with the expectation that a response will not be available immediately. Real-time transactions are sent with the expectation that a response should be returned in the same session, within 20 seconds.

A5 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of the BCBSIL ASC v5010 Companion Guides.

270/271 Companion Guide Change Log				
Chapter	**Section**	**Change Description**	**Date of Change**	**Version**
Introduction	1.3	Updated web address for purchasing TR3 reports.	Feb. 3, 2021	V1.1
Getting Started	2.1	Removed non-approved connectivity vendors.	Feb. 3, 2021	V1.1
Getting Started	2.2	Removed non-approved connectivity vendors.	Feb. 3, 2021	V1.1
Connectivity Process	3.1	Removed non-approved connectivity vendors.	Feb. 3, 2021	V1.1
Control Segments and Envelopes	4.2	Removed the following replicated elements from the TR3; ISA02, ISA04, ISA09, ISA10, ISA12, ISA13, GS01, GS04, GS05, GS07, GS08. Removed reference for HPID rule.	Feb. 3, 2021	V1.1
Business Rules and Limitations	5.6	Removed reference indicating BCBSIL does not use the group number as determining factor when searching for the member information.	Feb. 3, 2021	V1.1
Business Rules and Limitations	5.6	Added procedure codes are recognized in specific segments to determine prior authorization requirements for certain BCBSIL members.	March 22, 2021	V1.1
Business Rules and Limitations	5.6	Removed reference indicating that if the member ID if found, it will be treated as an SSN search. Added two additional supported search options.	Feb. 3, 2021	V1.1

Contact Information	8.0	Updated web address for questions on obtaining and purchasing TR3 reports.	Feb. 3, 2021	V1.1
Contact Information	8.0	Replaced BCBSIL Alliance Management email address with BCBSIL Electronic Commerce Services email address.	Feb. 3, 2021	V1.1
Contact Information	8.0	Replaced the BCBSIL Electronic Commerce Services phone number with email address.	Feb. 3, 2021	V1.1
Contact Information	8.0	Removed non-approved connectivity vendor contact information.	Feb. 3, 2021	V1.1
Contact Information	8.0	Added Medicare Advantage and Illinois Medicaid Customer Service phone numbers.	March 22, 2021	V1.1
Appendices	A2	Updated contact information for Business Scenarios.	Feb. 3, 2021	V1.1
Appendices	A3	Updated contact information for Testing Transmissions Examples.	Feb. 3, 2021	V1.1
Transaction Specific Information	6.0	Removed the following replicated TR3 elements in loop 2100C: DMG01, DMG02, and DMG03.	July 9, 2021	V1.1
Transaction Specific Information	6.0	Removed the following replicated TR3 elements in loop 2100B: NM102 and NM102.	May 31, 2022	V1.1
Introduction	1.3	Updated X12 web address for purchasing TR3 reports.	April 23, 2025	V1.1
Enveloping Details	4.2	Added Payer ID numbers for Medicare Advantage and Illinois Medicaid lines of business.	April 23, 2025	V1.1
Overview	1.2	Replaced "subscriber" with "patient" in the first sentence.	April 25, 2025	V1.1
Control Segments and Envelopes	4.0	Changed word "direction" to "direct" in the third sentence.	April 25, 2025	V1.1
Transaction Specific Information	6.0	Loop ID 2100A - updated BCBSIL Required and Recommended Fields and Values of NM101PR - (Payer) to NM101 - PR (Payer). Loop ID 2100B - updated BCBSIL Required and Recommended Fields and Values of NM101 - 1P Provider to NM101 - 1P (Provider). Loop ID 2100C - updated BCBSIL Required and Recommended Fields and Values of NM101 - IL Subscriber or 03 Dependent to IL (Subscriber) or 03 (Dependent).	April 25, 2025	V1.1
Contact Information	8.0	Updated X12 web address for purchasing TR3 reports.	April 23, 2025	V1.1
Contact Information	8.0	Updated Electronic Commerce email address.	April 23, 2025	V1.1
System Availability	3.4	Added system availability for 270/271 Eligibility/Benefit Inquiry & Response transaction exchanges.	April 30, 2025	V1.1