WPC

COMBINED

Electronic Data Interchange
Transaction Set Implementation Guide

Health Care Eligibility Benefit Inquiry and Response

(Includes October 2002 Addenda Changes)

270/271

Combined May 2000 004010X092
and October 2002 004010X092A1

Note

The WPC Combined Guides are not official X12, X12N or X12N Task Group work products, nor are they adopted for use under HIPAA. In the event that there is a conflict in information contained in the WPC Combined Guides and the official X12N May 2000 Implementation Guides or the October 2002 Addenda, the official X12N publications are to be considered the authoritative documents.

This WPC Combined Guide is intended to aid in the implementation of the transaction by combining the official documents into one user friendly single document.

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1 Purpose and Business Overview

1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to explain the developers' intent when the Health Care Eligibility, Coverage, or Benefit Inquiry (270) and Health Care Eligibility, Coverage, or Benefit Information (271) transaction sets were designed and to give guidance on how they should be implemented in the health care industry. Specifically, this guide defines where data is put and when it is included for the ANSI ASC X12.281 and X12.282 transaction sets for the purpose of conveying health care eligibility and benefit information. This paired transaction set is comprised of two transactions: the 270, which is used to request (inquire) information, and the 271, which is used to respond with coverage, eligibility, and benefit information. The official names for these transactions are:

ANSI ASC X12.281 - Eligibility, Coverage, or Benefit Inquiry (270)

ANSI ASC X12.282 - Eligibility, Coverage, or Benefit Information (271)

This implementation guide is intended to provide assistance in the development and use of the electronic transfer of health care eligibility and benefit information. It is hoped that the entities that exchange eligibility information will work to develop and exchange standard formats within the health care industry and among their trading partners.

1.1.1 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards. Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as a HIPAA Implementation Guide for Eligibility for a Health Plan. Should the Secretary adopt the X12N 270/271 Health Care Eligibility Benefit Inquiry and Response transactions as an industry standard, this Implementation Guide describes the consistent industry