

# Guide to PC-Based Transactions

---

## Health Partners of Philadelphia Eligibility/Benefits

v1.1

June 5, 2007  
Pub # 70110

© 2007 Emdeon Business Services LLC. All Rights Reserved.

---

<b>Overview</b>	<b>1</b>	<b>Values</b>	<b>8</b>
About the Transaction	1	Eligibility/Benefit Types	8
Customer Support	1	Service Types	9
		Insurance Types	13
<b>Requests</b>	<b>2</b>		
Search Types	2		
Input Prompts	2		
<b>Responses</b>	<b>3</b>		
About Your Responses	3		
Status	3		
Indicators	4		
Input and Response Information	4		
Transaction Information	5		
Information Source	5		
Information Source Contact	5		
Information Receiver	5		
Subscriber	5		
Patient	6		
Eligibility/Benefit	6		
Error Messages	7		

# Overview

---

## About the Transaction

This transaction allows you to verify a patient's eligibility status and benefits for Health Partners of Philadelphia for a single date of service.

*Disclaimer:* Your response may contain a disclaimer. Please review the response for any disclaimer information.

### National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the provider ID, the following conditions must exist:

- The payer must be ready to accept NPI. Consult our payer lists at [www.emdeon.com/PayerLists/payerlists.php](http://www.emdeon.com/PayerLists/payerlists.php) for this payer's NPI-readiness status.
- The inquiring provider must have fulfilled all of the payer's NPI registration requirements.

## Customer Support

**Emdeon Customer Support**

800.333.0263

[customer.service@emdeon.com](mailto:customer.service@emdeon.com)

# Requests

---

## Search Types

### ID

- The **provider ID** of the inquiring provider.
- The Health Partners **subscriber ID**.
- The **date of service**.

## Input Prompts

Prompts are listed in alphabetical order.

### Account #

**Requirement:** *Optional; not sent to the payer.*

The account number you have assigned to this account, for your internal use only.

### Amount

**Requirement:** *Optional; not sent to the payer.*

The amount applicable to this inquiry, for your internal use only.

### Date of Service

**Requirement:** *Required.*

The date of service, in MMDDYY or MMDDCCYY format.

---

**Note:** The date of service must be within the past year and cannot be in the future.

---

### Provider ID

**Requirement:** *Required.*

The provider ID of the inquiring provider.

*In order for you to use the National Provider Identifier (NPI), the payer must be ready to accept NPI. Additionally, the payer's NPI registration requirements must be fulfilled.*

### Subscriber ID

**Requirement:** *Required.*

The patient's Health Partners subscriber identification number.

# Responses

---

## About Your Responses

All of the items described in the following response explanation may not appear in every response. Payers typically return only the information that is applicable to your query.

If the payer does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Your username appears in the upper left corner of the response. See your product **User's Guide** for information about creating usernames.

### Additional Reference Documents

More information about your response can be found in the following documents:

- **PC-Standard-Eligibility-Response-Dictionary.pdf** - gives a more detailed description of data fields returned in the standard Emdeon response.
- **Dictionary-of-Transaction-Error-Messages.pdf** – a complete dictionary of error messages.
- **Common Response Abbreviations.pdf** – common abbreviations used in the standard Emdeon response, along with their full description.

These documents are available on your installation CD, and on the Web at:

[http://www.emdeon.com/support/document\\_library.php](http://www.emdeon.com/support/document_library.php)

---

**Note:** The above documents are in Portable Document Format (.pdf). You must have the Adobe® Acrobat® Reader to view this document. If you do not have the Reader, you can download it for free at [www.adobe.com](http://www.adobe.com).

---

## Status

### Closed

The patient is eligible or is on file. Read the response for clarification.

### Retry

The patient is ineligible or is not on file, or you entered invalid information, or Emdeon did not receive a valid standard response. Read the message in the response for clarification.

### Error

A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

## Indicators

This information appears on the top of the report. The indicators show the following:

### Benefit

Indicates the presence or type of benefit information in the response.

**Y** = Benefit information exists

**N** = No benefit information exists

**P** = Pending

**Q** = QMB

**S** = Spenddown

### Other Payer

Indicates the patient's Other Payer coverage.

**Y** = Patient has Other Payer coverage.

**NA** = Unable to determine if Other/Additional Payer information is present in the response from the payer.

### Medicare

Indicates the patient's Medicare coverage.

**A** = Patient has Medicare Part A coverage.

**B** = Patient has Medicare Part B coverage.

**A&B** = Patient has Medicare Parts A and B coverage.

**NA** = Unable to determine if Medicare information is present in the response from the payer.

**Y** = Medicare information is present in the response from the payer.

## Input and Response Information

The input area shows the data you sent in the request. For some of the input fields, the response area displays what the payer actually has on file. This arrangement enables you to verify what you entered against what is on file.

Depending on your software product and report settings, response information fields can appear in one of two locations:

- They can appear in a column to the right of the input fields.
- They can appear beneath the input fields, with the heading (On File).

An asterisk to the left of an input field indicates that the mirrored response data did not match your input data.

The following response field is displayed:

- The patient's Health Partners subscriber ID.

## Transaction Information

The Transaction Information section returns reference information for this particular transaction, such as:

- The Submit ID used for tracking.
- The date and time when the transaction was created.
- Benefit Indicator:
  - Y** = Benefit information exists.
  - N** = No benefit information exists.
  - P** = Pending.
  - Q** = QMB.
  - S** = Spenddown.
- Medicare Indicator:
  - A** = Patient has Medicare Part A coverage.
  - B** = Patient has Medicare Part B coverage.
  - A&B** = Patient has Medicare Parts A and B coverage.
  - NA** = Unable to determine Medicare coverage.
  - Y** = Medicare information is present.
- Other Payer Indicator:
  - Y** = Patient has other payer coverage.
  - NA** = Unable to determine other payer coverage.

## Information Source

Information about the payer, such as primary ID and name.

## Information Source Contact

Payer contact information.

## Information Receiver

Information about the requesting provider, such as primary ID and name.

## Subscriber

Information about the subscriber, or the patient, when the patient is the subscriber. Includes:

- The transaction audit (**trace**) numbers and origins.
- The subscriber's primary ID.
- Demographic information, such as:
  - Last, first, middle name
  - Prefix and suffix
  - Date of birth
  - Gender
  - Address
  - Student status

Handicap indicator  
Birth sequence

- Whether any identifying elements for the subscriber have changed from those submitted in the request (**Change**).
- Additional identification numbers other than the primary ID.
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section.

## Patient

Information about the patient, when the patient is a dependent. Includes:

- The transaction audit (**trace**) numbers and origins.
- The dependent's primary ID.
- Demographic information, such as:
  - Last, first, middle name
  - Prefix and suffix
  - Date of birth
  - Gender
  - Address
  - Student status
  - Handicap indicator
  - Birth sequence
  - Relationship to subscriber
- Whether any identifying elements for the subscriber have changed from those submitted in the request (**Change**).
- Additional identification numbers other than the primary ID.
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section.

## Eligibility/Benefit

Each Eligibility/Benefit section gives details about the patient's eligibility status and other types of benefits. There can be several Eligibility/Benefit sections. Information includes:

- Eligibility Type: Identifies the type of information to which this section applies (see "Eligibility/Benefit Types" on page 8).
- Coverage type.
- Service types (see "Service Types" on page 9).
- Applicable dollar amount or percentage.
- Insurance type (see "Insurance Types" on page 13).
- Plan coverage information.
- Benefit period.
- Benefit quantity.
- Authorization or certification required.
- In-network indicator.

- Product or service ID.
- Procedure Modifiers.
- Health care service delivery details.
- Additional identifiers.
- Benefit-specific eligibility dates.
- Limitations.
- Information used to determine eligibility.
- Benefit-related entity and entity contact information.

For a complete description of the abbreviations appearing in this section, see **Common Response Abbreviations.pdf** on your installation CD and on the Web at

[http://www.emdeon.com/support/document\\_library.php](http://www.emdeon.com/support/document_library.php)

## Error Messages

Transaction-related error messages begin with CL, HT, RH, or another alphabetic prefix, followed by a number and a line or so of text.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**.

This document is available on your installation CD, and on the Web at:

[http://www.emdeon.com/support/document\\_library.php](http://www.emdeon.com/support/document_library.php)

# Values

## Eligibility/Benefit Types

The payer can return any of the values listed below.

Value in Response	Description
Actv Cvg	Active Coverage
Actv – Full Risk Capitation	Active - Full Risk Capitation
Actv – Srvc Capitated	Active - Services Capitated
Actv – Srvc Capitated to PCP	Active - Services Capitated to Primary Care Physician
Actv – Pend Investigation	Active - Pending Investigation
Inactv	Inactive
Inactv – Pend Elig Updte	Inactive - Pending Eligibility Update
Inactv – Pend Investigation	Inactive - Pending Investigation
Co-Ins	Co-Insurance
Co-Pay	Co-Payment
Deductible	Deductible
Cvg Basis	Coverage Basis
Bene Descrip	Benefit Description
Exclusions	Exclusions
Limitations	Limitations
Out of Pckt (Stop Loss)	Out of Pocket (Stop Loss)
Unlim	Unlimited
Non-Cvd	Non-Covered
Cost Containment	Cost Containment
Rsv	Reserve
PCP	Primary Care Provider
Pre-existing Cond	Pre-existing Condition
MC Coord	Managed Care Coordinator
Svces Restricted to Following	Services Restricted to Following Provider
Not Deemed a Med Necessity	Not Deemed a Medical Necessity
Bene Disclmr	Benefit Disclaimer
2nd Surg Opinion Reqd	Second Surgical Opinion Required
Other/Addl Payer	Other or Additional Payer
Prior Year(s) History	Prior Year(s) History
Card(s) Rptd Lost/Stolen	Card(s) Reported Lost/Stolen

<b>Value in Response</b>	<b>Description</b>
Contact Following for Elig/Bene	Contact Following Entity for Eligibility or Benefit Information
Cannot Process	Cannot Process
Other Sce of Data	Other Source of Data
Health Care Facility	Health Care Facility
Spend Down	Spend Down

## Service Types

The payer can return any of the service types listed below.

<b>Abbreviation</b>	<b>Description</b>	<b>Code</b>
Abortion	Abortion	<b>84</b>
Acupuncture	Acupuncture	<b>64</b>
Adjunctive Dntl Svcs	Adjunctive Dental Services	<b>28</b>
AIDS	AIDS	<b>85</b>
Air Transportation	Air Transportation	<b>57</b>
Alcoholism	Alcoholism	<b>AJ</b>
Allergy Testing	Allergy Testing	<b>79</b>
Alternate Method Dial	Alternate Method Dialysis	<b>15</b>
Anesth	Anesthesia	<b>7</b>
Anesthesiologist	Anesthesiologist	<b>97</b>
ASC Facility	Ambulatory Service Center Facility	<b>13</b>
Audiology Exam	Audiology Exam	<b>71</b>
Blood Charges	Blood Charges	<b>10</b>
Brand Name Rx Drg	Brand Name Prescription Drug	<b>91</b>
Cabulance	Cabulance	<b>58</b>
Cancer	Cancer	<b>87</b>
Cardiac	Cardiac	<b>BL</b>
Cardiac Rehab	Cardiac Rehabilitation	<b>BG</b>
CH	Chemotherapy	<b>78</b>
Chiropractic	Chiropractic	<b>33</b>
Chiropractic Office Visits	Chiropractic Office Visits	<b>34</b>
Cognitive Thrpy	Cognitive Therapy	<b>BD</b>
Consultation	Consultation	<b>3</b>
CRD Equipment	Chronic Renal Disease (CRD) Equipment	<b>16</b>
Day Care (PC)	Day Care (Psychiatric)	<b>BC</b>

<b>Abbreviation</b>	<b>Description</b>	<b>Code</b>
Dial	Dialysis	<b>76</b>
DME Purchase	Durable Medical Equipment Purchase	<b>12</b>
DME Rent	Durable Medical Equipment Rental	<b>18</b>
Dntl Accident	Dental Accident	<b>37</b>
Dntl Care	Dental Care	<b>35</b>
Dntl Crowns	Dental Crowns	<b>36</b>
Donor Procedures	Donor Procedures	<b>63</b>
Drg Addiction	Drug Addiction	<b>AK</b>
Dx Dntl	Diagnostic Dental	<b>23</b>
Dx Lab	Diagnostic Lab	<b>5</b>
Dx Medical	Diagnostic Medical	<b>73</b>
Dx X-Ray	Diagnostic X-Ray	<b>4</b>
Emergency Svcs	Emergency Services	<b>86</b>
Endocrine	Endocrine	<b>BP</b>
Endodontics	Endodontics	<b>26</b>
Experimental Drg Thrpy	Experimental Drug Therapy	<b>AR</b>
Eye	Eye	<b>BR</b>
FP	Family Planning	<b>82</b>
Frames	Frames	<b>AM</b>
Free Standing Rx Drg	Free Standing Prescription Drug	<b>89</b>
General Benefits	General Benefits	<b>60</b>
Generic Rx Drg	Generic Prescription Drug	<b>92</b>
GI	Gastrointestinal	<b>BN</b>
Health Bene Plan Cvg	Health Benefit Plan Coverage	<b>30</b>
HH Rxs	Home Health Prescriptions	<b>43</b>
HH Visits	Home Health Visits	<b>44</b>
HHC	Home Health Care	<b>42</b>
Hosp	Hospital	<b>47</b>
Hosp – Ambulatory Surg	Hospital – Ambulatory Surgical	<b>53</b>
Hosp – Emergency Accident	Hospital – Emergency Accident	<b>51</b>
Hosp – Emergency Medical	Hospital – Emergency Medical	<b>52</b>
Hosp – IP	Hospital – Inpatient	<b>48</b>
Hosp – OP	Hospital – Outpatient	<b>50</b>
Hosp – Room/Board	Hospital – Room and Board	<b>49</b>
Hspc	Hospice	<b>45</b>
Immunizations	Immunizations	<b>80</b>
Independent Medical Eval	Independent Medical Evaluation	<b>BA</b>

<b>Abbreviation</b>	<b>Description</b>	<b>Code</b>
Infertility	Infertility	<b>83</b>
Inhalation Thrapy	Inhalation Therapy	<b>72</b>
Invasive Procs	Invasive Procedures	<b>BS</b>
IVF	In-vitro Fertilization	<b>61</b>
Lenses	Lenses	<b>AO</b>
Licensed Ambulance	Licensed Ambulance	<b>59</b>
LTC	Long Term Care	<b>54</b>
Lymphatic	Lymphatic	<b>BM</b>
Mail Order Rx Drg	Mail Order Prescription Drug	<b>90</b>
Major Medical	Major Medical	<b>55</b>
Massage Thrapy	Massage Therapy	<b>BE</b>
Maternity	Maternity	<b>69</b>
Med Care	Medical Care	<b>1</b>
Medically Related Transportation	Medically Related Transportation	<b>56</b>
MFP	Maxillofacial Prosthetics	<b>27</b>
MRI/CAT Scan	MRI/CAT Scan	<b>62</b>
Neuro	Neurology	<b>BQ</b>
Newborn Care	Newborn Care	<b>65</b>
Nonmedically Necessary Physical	Nonmedically Necessary Physical	<b>AQ</b>
Nursery	Nursery	<b>BI</b>
Oral Surg	Oral Surgery	<b>40</b>
Orthodontics	Orthodontics	<b>38</b>
Orthopedic	Orthopedic	<b>BK</b>
OT	Occupational Therapy	<b>AD</b>
Other Medcl	Other Medical	<b>9</b>
Otological Exam	Otological Exam	<b>77</b>
Pa	Pathology	<b>66</b>
PC	Psychiatric	<b>A4</b>
PC – IP	Psychiatric – Inpatient	<b>A7</b>
PC – OP	Psychiatric – Outpatient	<b>A8</b>
PC – Room/Board	Psychiatric – Room and Board	<b>A5</b>
Peds	Pediatric	<b>BH</b>
Periodontics	Periodontics	<b>24</b>
Pharm	Pharmacy	<b>88</b>
Physical Medicine	Physical Medicine	<b>AE</b>
Plan Waiting Period	Plan Waiting Period	<b>32</b>
Pneumonia Vaccine	Pneumonia Vaccine	<b>19</b>

<b>Abbreviation</b>	<b>Description</b>	<b>Code</b>
Podiatry	Podiatry	<b>93</b>
Podiatry – Nursing Home Visits	Podiatry – Nursing Home Visits	<b>95</b>
Podiatry – Office Visits	Podiatry – Office Visits	<b>94</b>
Pre-Admin Testing	Pre-Admission Testing	<b>17</b>
Private Duty Nursing	Private Duty Nursing	<b>74</b>
Professional (PHY)	Professional (Physician)	<b>96</b>
Professional (PHY) Visit – Home	Professional (Physician) Visit – Home	<b>A3</b>
Professional (PHY) Visit – IP	Professional (Physician) Visit – Inpatient	<b>99</b>
Professional (PHY) Visit – Nursing Home	Professional (Physician) Visit – Nursing Home	<b>A1</b>
Professional (PHY) Visit – Office	Professional (Physician) Visit – Office	<b>98</b>
Professional (PHY) Visit – OP	Professional (Physician) Visit – Outpatient	<b>A0</b>
Professional (PHY) Visit – SNF	Professional (Physician) Visit – Skilled Nursing Facility	<b>A2</b>
Prosthetic Device	Prosthetic Device	<b>75</b>
Prosthodontics	Prosthodontics	<b>39</b>
Prtl Hospitalization (PC)	Partial Hospitalization (Psychiatric)	<b>BB</b>
Psychotherapy	Psychotherapy	<b>A6</b>
Pulmonary Rehab	Pulmonary Rehabilitation	<b>BF</b>
Radiation Thrpy	Radiation Therapy	<b>6</b>
Rehab	Rehabilitation	<b>A9</b>
Rehab – IP	Rehabilitation – Inpatient	<b>AB</b>
Rehab – OP	Rehabilitation – Outpatient	<b>AC</b>
Rehab – Room/Board	Rehabilitation – Room and Board	<b>AA</b>
Renal Supplies in the Home	Renal Supplies in the Home	<b>14</b>
Respite Care	Respite Care	<b>46</b>
Restorative	Restorative	<b>25</b>
Routine (Preventive) Dntl	Routine (Preventive) Dental	<b>41</b>
Routine Exam	Routine Exam	<b>AN</b>
Routine Physical	Routine Physical	<b>81</b>
SA	Substance Abuse	<b>AI</b>
Second Surg Opinion	Second Surgical Opinion	<b>20</b>
Skilled Nursing Care	Skilled Nursing Care	<b>AG</b>
Skilled Nursing Care – Room and Board	Skilled Nursing Care – Room and Board	<b>AH</b>
Skin	Skin	<b>BJ</b>

<b>Abbreviation</b>	<b>Description</b>	<b>Code</b>
Smoking Cessation	Smoking Cessation	<b>67</b>
Social Work	Social Work	<b>22</b>
Spch Thrpy	Speech Therapy	<b>AF</b>
Surg	Surgical	<b>2</b>
Surg Asstnce	Surgical Assistance	<b>8</b>
Third Surg Opinion	Third Surgical Opinion	<b>21</b>
Transplants	Transplants	<b>70</b>
Used DME	Used Durable Medical Equipment	<b>11</b>
Vision (Optometry)	Vision (Optometry)	<b>AL</b>
Well Baby Care	Well Baby Care	<b>68</b>

## Insurance Types

The payer can return any of the values listed below.

<b>Value in Response</b>	<b>Description</b>
Mcare 2ndary Working Aged Beneficiary or Spouse with EGHP	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
Mcare 2ndary ESRD Beneficiary in the 12 mo coordination period with an EGHP	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer group health plan
Mare 2ndary, No-fault Ins including Auto is Primary	Medicare Secondary, No-fault Insurance including Auto is Primary
Mcare 2ndary Work Comp	Medicare Secondary Workers Compensation
Mcare 2ndary PHS or Other Federal Agency	Medicare Secondary Public Health Service (PHS) or Other Federal Agency
Mcare 2ndary Black Lung	Medicare Secondary Black Lung
Mcare 2ndary Vets Admin	Medicare Secondary Veterans Administration
Mcare 2ndary Disabled Beneficiary Under Age 65 with LGHP	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
Mcare 2ndary, Other Liability Ins is Primary	Medicare Secondary, Other Liability Insurance is Primary
Auto Ins Pol	Auto Insurance Policy
Comm	Commercial
COBRA	Consolidated Omnibus Budget Reconciliation Act (COBRA)
Mcare Conditionally Primary	Medicare Conditionally Primary
Disability	Disability
Disability Benes	Disability Benefits
Exclusive Provider Organization	Exclusive Provider Organization
Fam or Friends	Family or Friends

<b>Value in Response</b>	<b>Description</b>
Grp Pol	Group Policy
HMO	Health Maintenance Organization (HMO)
HMO – Mcare Risk	Health Maintenance Organization (HMO) – Medicare Risk
Spcl Low Income Medicare Beneficiary	Special Low Income Medicare Beneficiary
Indemnity	Indemnity
Indiv Pol	Individual Policy
LTC	Long Term Care
Long Term Pol	Long Term Policy
Life Ins	Life Insurance
Litigation	Litigation
Mcare A	Medicare Part A
Mcare B	Medicare Part B
Mcaid	Medicaid
Mgap A	Medigap Part A
Mgap B	Medigap Part B
Mcare Primary	Medicare Primary
Other	Other
Property Ins – Personal	Property Insurance – Personal
Personal	Personal
Personal Payment (Cash - No Ins)	Personal Payment (Cash - No Insurance)
PPO	Preferred Provider Organization (PPO)
POS	Point of Service (POS)
QMB	Qualified Medicare Beneficiary
Property Ins – Real	Property Insurance – Real
Supplemental Pol	Supplemental Policy
TEFRA	Tax Equity Fiscal Responsibility Act (TEFRA)
Work Comp	Workers Compensation
Wrap Up Pol	Wrap Up Policy