

BENEFIT/SERVICE TYPES AND ADDITIONAL BENEFIT NOTES

Viewed through Eligibility & Benefits

Accessed through the Availity Essentials Portal

ELIGIBILITY & BENEFITS

This document includes the complete list of supported Benefit/Service Types. The table includes an indicator for when only active or inactive coverage is returned vs. high level benefits. Each Benefit/Service Type includes a description. Additional notes have been added to help further clarify details.

- Eligibility & Benefits inquiries, using Availity Essentials, allows you to verify a patient's eligibility and confirm the benefits covered under the member's contract.
 - For general training assistance with the Eligibility & Benefits application refer to training available in the Availity Learning Center.
 - For additional comprehensive benefit questions, utilize the Availity Messaging application by using the Message Payer button viewable within the Eligibility & Benefits response.

*****YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT.***

ELIGIBILITY & BENEFITS – GENERAL TIPS

- When the payer BCBSMN is selected, the default Benefit/Service Type is Health Benefit Plan Coverage (30).
 - The Benefit/Service Type can be changed and/or additional benefit/service types can be added.
- When the payer BCBSMN is selected, the default Patient Search options is Patient ID, Date of Birth.
 - The Patient Search Option can be changed.
 - If there are multiple births on the policy (e.g., twins), the first name, at a minimum, is required.
 - When entering the Patient ID, members with Blue Plan coverage outside the state of MN must have the three-character prefix entered for a valid response.

Service Information

* As of Date [?](#)

* Benefit / Service Type [?](#)

Patient Information

To Date

Patient Search Option [?](#) Add Multiple Patients

* Patient ID [?](#)

* Date of Birth

Group Number

Patient Relationship to Subscriber [?](#)

Submit another patient

The following slides are a list of supported benefit/service types.

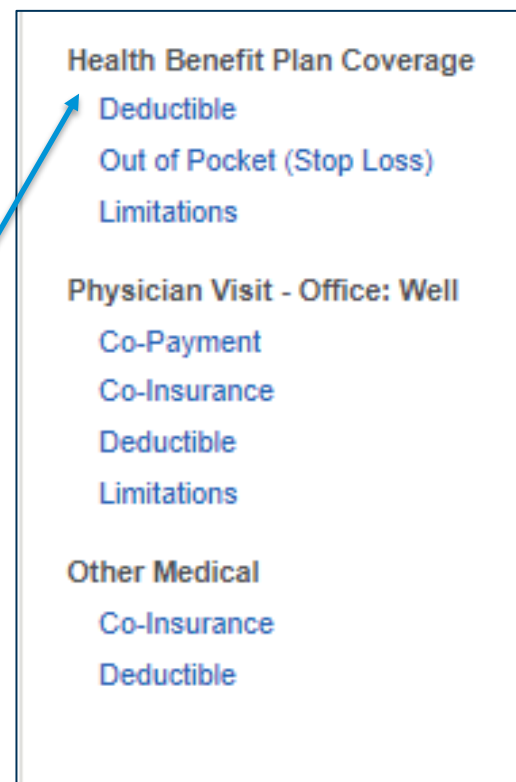
- Certain benefit/service types will only return a response of Active or Inactive coverage.
- There are some benefit/service types that will return more than the main type selected.

ELIGIBILITY & BENEFITS – BENEFIT DISPLAY ORDER

- When benefits are returned, the order in which they are displayed is:
 - Co-Payment
 - Co-Insurance
 - Deductible
 - Out of Pocket (Stop Loss)
 - Limitations

If any of the above values do not apply to a benefit, then it will not be displayed in the response. For example, under Health Benefit Plan Coverage, not all components apply to the benefit, so they are not listed.

- If Co-payment had been part of the benefit, then it would be listed above deductible.



BENEFIT/SERVICE TYPE HEALTH BENEFIT PLAN COVERAGE (30)



Code	Description	Definition
30	<p>Health Benefit Plan Coverage (most commonly used) Also includes the following:</p> <ul style="list-style-type: none"> • Chiropractic (33) • Dental Care (35 – active/inactive only) • Emergency Services (86) • Hospital (47) • Hospital Emergency Accident (51) • Hospital Emergency Medical (52) • Hospital – Inpatient (48) • Hospital – Outpatient (50) • Medical Care (1 – active/inactive only) • Mental Health (MH) • Pharmacy (88 – active/inactive only) • Professional (Physician) Visit – Office (98) • Professional (Physician) Visit – Well (BZ) • Routine Exam (Vision) – (AN) • Urgent Care (UC) • Vision Optometry (AL – active/inactive only) 	<p>General high-level summary of the healthcare benefits of the member’s policy or contract.</p>

Note: If a different Benefit/Service Type is chosen the Health Benefit Plan Coverage (30) will still be returned on a benefit inquiry response. The difference is that only basic information will be returned which includes Deductible and Out of Pocket (Stop Loss).

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
1	<p>Medical Care</p> <p>Response is only Active or Inactive</p> <p>Also includes the following:</p> <ul style="list-style-type: none"> • Anesthesia (7) • Dialysis (76) • Durable Medical Equipment (DM – active/inactive only) • Gynecological (BT) • Home Health Care (42) • Hospice (45) • Infertility (83) • In-Vitro Fertilization (61) • Maternity (69), • Obstetrical (BU) • Other Medical (9) • Professional (Physician) Visit – Home (A3) • Professional (Physician) Visit – Inpatient – (99) • Second Surgical Opinion (20) • Skilled Nursing Care (AG) • Surgical (2) • Surgical Assistance (8) 	<p>Medical services and supplies to diagnose and/or treat a medical condition, illness, or injury and provided by a physician or other healthcare provider. For example, including, but not limited to: hospital, mental health, and physician services.</p>
2	<p>Surgical</p> <p>Also includes the following:</p> <ul style="list-style-type: none"> • Anesthesia (7) • Second Surgical Opinion (20) • Surgical Assistance (8) 	<p>Surgical and anesthesia services provided by a physician or other health care provider.</p>

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
3	Consultation	Medicare Advantage Coverage will display for a consultation rendered. Other commercial coverage will provide benefits for vendor telehealth/e-visit.
4	Diagnostic X-ray	Diagnostic x-ray or other diagnostic imaging tests provided or ordered and billed by a physician or other healthcare provider.
5	Diagnostic Lab	Diagnostic lab or other diagnostic tests provided or ordered and billed by a physician or other healthcare provider.
6	Radiation Therapy	Radiation therapy or x-ray therapy provided or ordered and billed by a physician or other healthcare provider.
7	Anesthesia	Anesthesia services related to inpatient or outpatient surgery provided or ordered and billed by a physician or other healthcare provider.
8	Surgical Assistance	Assistant surgeon/surgical assistance provided by a physician if required because of the complexity of the surgical procedures.
9	Other Medical	This includes benefit information for Health Care Home services.
12	Durable Medical Equipment Purchase	Purchase of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
13	Ambulatory Service Center Facility	A facility that provides services on an outpatient basis, primarily for the purpose of performing medical, surgical or renal dialysis procedures.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
18	Durable Medical Equipment Rental	Rental of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
20	Second Surgical Opinion	Additional professional opinion sought to verify or confirm the necessity for surgical procedures.
30	Health Benefit Plan Coverage See previous slide for details	General high-level summary of the healthcare benefits of the member's policy or contract.
33	Chiropractic Also includes Diagnostic X-ray (4)	Professional services which may include office visits, manipulations, x-rays, and supplies.
35	Dental Care Response is only Active or Inactive	Benefits for services, supplies or appliances for care of teeth.
40	Oral Surgery	Medical coverage for oral surgical procedures that involves diagnosis and treatment of disorders of the mouth, teeth, jaws and facial structure, including surgical correction of facial deformity and fractures.
42	Home Health Care Also includes Professional (Physician) Visit – Home (A3)	Healthcare services prescribed by a physician and rendered in the home by a qualified healthcare provider. Common healthcare services include nursing services; speech, physical, occupational and rehabilitation therapy; social services and home infusion therapy.
45	Hospice	Prescribed by a physician, an integrated set of services and supplies to provide palliative and supportive care to terminally ill patients.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
60	General Benefits Response is only Active or Inactive	Indicates whether a patient has active or inactive medical coverage for the service date requested.
61	In-vitro Fertilization	Inpatient and outpatient services to treat infertility using IVF (In-vitro Fertilization) procedures.
62	MRI/CAT Scan	Diagnostic MRI (Magnetic Resonance Imaging) and/or CAT (Computed Axial Tomography) Scan services provided or ordered and billed by a physician or other healthcare.
64	Acupuncture	
65	Newborn Care	Professional and facility charges for newborn care including nursery care and inpatient hospital visits.
68	Well Baby Care Also includes the following: • Immunizations (80) • Pediatric (BH)	Medical services, physician visits and immunizations which are recommended by the American Pediatric Association as appropriate and routine care for a child to a specific age limit.
69	Maternity	Complete maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage when provided, or ordered and billed by a physician or nurse midwife.
73	Diagnostic Medical Also includes the following: • Diagnostic Lab (5) • Diagnostic X-ray (4) • MRI/CAT Scan (62)	Diagnostic medical services provided by a physician or other healthcare provider.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
76	Dialysis	Outpatient dialysis services furnished by a Hospital, Community Health Center, free-standing dialysis facility or physician. This coverage may also include dialysis services.
78	Chemotherapy	Outpatient chemotherapy services furnished by a Hospital, Community Health Center, free-standing radiation therapy and chemotherapy facility, physician or nurse.
80	Immunizations	Services and supplies provided by physicians, hospitals, and other healthcare providers for the administration of preventative vaccines. Restrictions may apply due to age schedule and/or visit limits.
81	Routine Physical	Routine medical exams and related routine services provided by physicians, hospitals, and other healthcare providers. Restrictions may apply due to age schedule and/ or visit limits.
82	Family Planning	Consultations, exams, procedures and medical services related to the use of contraceptive methods that have been approved by the U.S. Food and Drug Administration.
83	Infertility Also includes In-Vitro Fertilization (61)	Inpatient and outpatient services to diagnose and/or treat infertility. Covered services may include assisted reproductive technology procedures.
84	Abortion	Inpatient and outpatient procedures, services, drugs and supplies related to the termination of a pregnancy.
86	Emergency Services Also includes the following: <ul style="list-style-type: none"> • Hospital – Emergency Accident (51) • Hospital – Emergency Medical (52) • Other Medical (9) • Professional (Physician) Visit – Office (98) 	Medical services and supplies provided by physicians, hospitals, and other healthcare providers for the treatment of a sudden and unexpected medical condition or injury which requires immediate medical attention.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
88	Pharmacy Response is only Active or Inactive	Drugs and supplies dispensed by a licensed pharmacist, which may include mail order or internet dispensary.
93	Podiatry	Professional services of a physician or other healthcare provider for the care or treatment of conditions of the foot.
98	Professional (Physician) Visit – Office Also includes Physician Visit Office – Well (BZ)	Professional services of a physician or other healthcare provider during an office visit.
99	Professional (Physician) Visit – Inpatient	Professional services of a physician or other healthcare provider during an inpatient hospital admission.
A0	Professional (Physician) Visit – Outpatient	Professional services of a physician or other healthcare provider performed in the outpatient department of a hospital or other covered facility.
A3	Professional (Physician) Visit – Home	Professional services of a physician or other healthcare provider performed in the patient's home.
A6	Psychotherapy	Inpatient or outpatient professional services, including individual or group therapy by providers such as psychiatrists, psychologists, clinical social workers, or psychiatric nurses.
A7	Psychiatric	Professional and facility services provided at a hospital or other covered facility as they are related to an inpatient admission for psychiatric health.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
A8	Psychiatric - Outpatient	Professional and facility services provided at a hospital, office or other covered facility as they are related to outpatient care for psychiatric health.
AD	Occupational Therapy	Professional and facility occupational therapy services performed by an occupational therapist, physician or other healthcare provider at a hospital, office or other.
AE	Physical Medicine	Professional and facility physical therapy services performed by a physical therapist, physician or other healthcare provider at a hospital, office or other covered facility.
AF	Speech Therapy	Professional and facility speech therapy services performed by a speech therapist, physician or other healthcare provider at a hospital, office or other covered facility.
AG	Skilled Nursing Care	Services and supplies for a patient who has been admitted to a skilled nursing facility for the purpose of receiving medical care or other health services.
AI	Substance Abuse	Professional and facility services provided at a hospital, office or other covered facility as they are related to the diagnosis and treatment of Substance Abuse.
AL	Vision (Optometry) Response is only Active or Inactive	Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses.
BG	Cardiac Rehabilitation	Cardiac Rehabilitation services rendered by a physician or other healthcare provider in a hospital or other covered facility.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
BH	Pediatric	Routine medical exams and related routine services, including immunizations, rendered to a child. Restrictions may apply due to age schedule and/or visit limits.
BT	Gynecological	Medical and surgical care related to care and management of the female reproductive system and associated disorders provided by a physician or other healthcare provider.
BU	Obstetrical	Medical and surgical care related to care of women during pregnancy parturition, and puerperium provided by a physician or other healthcare provider.
BV	Obstetrical/ Gynecological Response is only Active or Inactive Also includes the following: <ul style="list-style-type: none"> • Gynecological (BT) • Obstetrical (BU) 	Medical and surgical care related to care and management of the female reproductive system and associated disorders before, during, and after pregnancy provided by a physician or other healthcare providers.
BY	Physician Visit – Office: Sick	Professional services of a physician or other healthcare provider during a non-routine visit related to an illness.
BZ	Physician Visit – Office: Well	Professional services of a physician or other healthcare provider during a routine or preventative care visit.
CE	MH Provider – Inpatient	Professional and or facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.
CF	MH Provider – Outpatient	Professional and or facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CG	MH Provider Facility – Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
CH	MH Provider Facility – Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CI	Substance Abuse Facility – Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CJ	Substance Abuse Facility – Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CK	Screening X-ray	X-ray services provided by a physician or other healthcare provider for the purpose of preventative care, facilitation of treatment or diagnosis of illnesses.
CL	Screening Laboratory	Laboratory services provided by a physician or other healthcare provider for the purpose of preventative care, facilitation of treatment or diagnosis of illnesses.
CM	Mammogram High Risk	Mammography services for patients that have been identified with a greater than normal risk for breast cancers and related diseases.
CN	Mammogram Low Risk	Mammography services for patients that have been identified with a normal risk for breast cancers and related diseases.
CO	Flu Vaccination	Services provided by a physician or other healthcare provider related to administration of influenza virus vaccination.

BENEFIT/SERVICE TYPE LIST

Note: Not all benefit/service types are required to be supported. Only supported types are listed in this document.



Code	Description	Definition
DM	<p>Durable Medical Equipment Response is only Active or Inactive Also includes the following:</p> <ul style="list-style-type: none"> • Durable Medical Equipment Purchase (12) • Durable Medical Equipment Rental (18) 	Equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, that are for a patient's use in the home and that are usable for an extended period of time.
MH	<p>Mental Health Response is only Active or Inactive Also includes the following:</p> <ul style="list-style-type: none"> • Mental Health Provider – Inpatient (CG) • Mental Health Provider – Outpatient (CH) • Mental Health Provider Facility – Inpatient (CE) • Mental Health Provider Facility – Outpatient (CF) 	Mental Health services provided by a physician or other healthcare providers who are trained and educated to perform services related to mental health and may be licensed or practice within the scope or licensure or training.
PT	Physical Therapy	Service and care related to evaluation and treatment of injury or disorders with physical agents provided by a physical therapist or other healthcare provider.
UC	Urgent Care	Medical services and supplies provided by physicians or other healthcare providers for the treatment of an urgent medical condition or injury which requires medical attention. Urgent care services provided by a physician or other healthcare provider on an outpatient basis in a fixed location or designed mobile unit.

ADDITIONAL BENEFIT NOTES

- Only available using Availity Essentials portal for MN providers inquiring for a Blue Cross member.
- The following slides list definitions and notes of possible details that may display.
- The list of available information in the Additional Benefit Notes will vary from member to member depending on type of product and/or group the member may be covered under.

ADDITIONAL BENEFIT NOTES – PRODUCT WIDE PROVISION



Description	Definition
Balance Billing by Provider	When a provider bills for the difference between the providers charge and the allowed amount.
Benefit Period	The period of time that payments for covered benefits are available. The availability of certain benefits may be limited over a specified time period.
Blue Distinction Center Applies	This will notify you if the policy has benefits specific to using a Blue Distinction Center.
Blue Distinction Centers Designation Include	This will list the types of service that have special benefits when a Blue Distinction Center is used.
Coinsurance - Insurer	Members cost for a covered medical or health care cost usually figured as a percentage and after the deductible.
Common Accident Deductible	A clause that specifies that should two or more members of the same family be injured in the same accident, they will only be subject to one deductible.
Coverage	Indicates if coverage applies for the applicable benefit and network.

ADDITIONAL BENEFIT NOTES – PRODUCT WIDE PROVISION



Description	Definition
Deductible	A specified amount of money that the insured must first pay before an insurance company will pay.
Deductible Accumulates to Out-of-Network	Deductible cross apply accumulation rule with different deductible amounts between in network and out of network.
Deductible Combined with Out-of-Network	Deductible cross apply accumulation rule with equal deductible amounts between in network and out of network.
Eligible Employee only	Defines who is covered under the plan.
Hospital Admission	Drives processing rules necessary for the definition of a Hospital Admission. Carrier replacement applies to all members of group when the entire group leaves a carrier and moves to another health plan. Fully Insured to Fully Insured.
Lifetime/Policy Maximum	A maximum dollar amount that your insurance company will pay out during the lifetime for healthcare services.
Medical Necessity	Supports physician exercising prudent clinical judgement to a patient.
Network Rules	Indicates the in network provider arrangement and the travel network designation.

ADDITIONAL BENEFIT NOTES – OVERALL

Description	Definition
Out of State Pricing	Indicates the Out of state pricing arrangement as defined by the group.
Out-of-Pocket	The amount of money a subscriber will incur before there is a change in the level of benefit.
Out-of-Pocket Accumulates to Out-of-Network	Out of Pocket cross apply accumulation rule with different out of pocket amounts between in network and out of network.
Out-of-Pocket Combined with Out-of-Network	Out of Pocket cross apply accumulation rule with equal out of pocket amounts between in network and out of network.
Pre-existing Condition Exclusion Period	Indicates if a pre-existing process exists.
Pricing	Indicates the Minnesota Standard pricing arrangement as defined by the group.
Program Type	Indicates the type of product (i.e. preferred provider organization (PPO) or Health Maintenance Organization (HMO)).
Provider Classification	No definition available - standard answer = Yes Medical/Surgical - PPO - Provider Class.

ADDITIONAL BENEFIT NOTES – OVERALL

Description	Definition
Service Limitations Apply from First Occurrence	Indicates if this service will be counted towards any maximums for the service rendered.
State Mandated Benefits	Indicates if the group follows the State of Minnesota mandated benefits.
Subscriber Shares Discount	Indicates the member cost sharing is calculated after the provider negotiated benefit.
Terminal Liability	Allows payment for date of service after death.

ADDITIONAL BENEFIT NOTES – IN-NETWORK

Description	Definition
Fourth Quarter Deductible Carryover	When the benefit period is per calendar year - any amount that you pay toward your deductible in the fourth quarter of a calendar year is credited for the current year and the next year. When the benefit period is per plan year - any amount that you pay toward your deductible in the pervious three months is credited to the current plan year time period.
Out-of-Pocket Excludes Deductible	If Yes, indicates any deductible amounts will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Copayments	If Yes, indicates all medical and drug (if applicable) copayments will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Prescription Drug Expenses	If Yes, indicates any prescription drug services will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes MH/SA (Mental Health/Substance Abuse)	If Yes, indicates any mental health or substance abuse services will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Amounts over UCR	If Yes, indicates any amounts over the Usual, Customary and reasonable will not be included within the Out of Pocket accumulation.

This applies if the provider is in network.

ADDITIONAL BENEFIT NOTES – IN-NETWORK

Description	Definition
Deductible Payable before Coinsurance	Indicates the order of processing of the deductible. Standard answer is Yes meaning the deductible is the amount you pay for health care services before your health insurance begins to pay.
RX OOP Combined with Medical	Indicates the name of the drug carrier if the medical and drug services are both used to satisfy the out of pocket. A 'no' will indicate drug amounts do not accumulate to the medical out of pocket or the plan does not have an out of pocket.
RX Deductible Combined with Medical	Indicates the name of the drug carrier if the medical and drug services are both used to satisfy the deductible. A 'no' will indicate drug amounts do not accumulate to the medical deductible or the plan does not have a deductible.

This applies if the provider is in network.

ADDITIONAL BENEFIT NOTES – OUT-OF-NETWORK

Description	Definition
Fourth Quarter Deductible Carryover	When the benefit period is per calendar year - any amount that you pay toward your deductible in the fourth quarter of a calendar year is credited for the current year and the next year. When the benefit period is per plan year - any amount that you pay toward your deductible in the previous three months is credited to the current plan year time period.
Out-of-Pocket Excludes Deductible	If Yes, indicates any deductible amounts will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Copayments	If Yes, indicates all medical and drug (if applicable) copayments will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Prescription Drug Expenses	If Yes, indicates any prescription drug services will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes MH/SA (Mental Health/Substance Abuse)	If Yes, indicates any mental health or substance abuse services will not be included within the Out of Pocket accumulation.
Out-of-Pocket Excludes Amounts over UCR	If Yes, indicates any amounts over the Usual, Customary and reasonable will not be included within the Out of Pocket accumulation.

This applies if the provider is out of network.

ADDITIONAL BENEFIT NOTES – OUT-OF-NETWORK

Description	Definition
Deductible Payable before Coinsurance	Indicates the order of processing of the deductible. Standard answer is Yes meaning the deductible is the amount you pay for health care services before your health insurance begins to pay.
RX OOP Combined with Medical	Indicates the name of the drug carrier if the medical and drug services are both used to satisfy the out of pocket. A 'no' will indicate drug amounts do not accumulate to the medical out of pocket or the plan does not have an out of pocket.
RX Deductible Combined with Medical	Indicates the name of the drug carrier if the medical and drug services are both used to satisfy the deductible. A 'no' will indicate drug amounts do not accumulate to the medical deductible or the plan does not have a deductible.

This applies if the provider is out of network.

THANK YOU

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.