



**Centers for Medicare &
Medicaid Services**

**Office of Information Technology Health
Insurance Portability and Accountability Act
(HIPAA) Eligibility Transaction System: HETS
270/271**

HETS2025-1 Release Summary Document

Version 2.0

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1. Introduction

The purpose of this document is to inform Submitters of upcoming changes to the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) 270/271 application that may be implemented with the HETS2025-1 release.

2. Overview of Release

The HETS2025-1 release introduces potential changes to the HETS 270 request and HETS 271 response.

The following section documents HETS2025-1 changes.

3. Summary of the Impact on Trading Partners

3.1 HETS 271 Medicare Beneficiary Address Update

HETS returns the Medicare Beneficiary's address of record on 271 responses which include benefit information. HETS' upstream source for the Medicare Beneficiary's address is the Social Security Administration (SSA). Currently, when the Medicare Beneficiary's address received from the SSA is missing or invalid, HETS returns a 271 2100C N301 value of "Unknown" and a default city/state/ZIP code of Baltimore, MD 21244 (as documented in Table 23 of the [HETS 270/271 Companion Guide](#)).

Effective with this release, if the address information received from the SSA is missing or invalid, HETS will return an updated 271 2100C N301 value. Instead of "Unknown", the 271 response will return "Refer to MSG for Subscriber address" (and a default city/state/ZIP code of Baltimore, MD 21244). The HETS 271 response would also then add 2110C EB and MSG segments to return the Medicare Beneficiary's address as received from the SSA. The 271 2110C Beneficiary address MSG01 will contain two parts. The first component of the MSG01 element will be a text label that reads 'Subscriber address.' The second component of the element will be the address received from the SSA (up to 132 characters). HETS will pass the SSA address in the exact same format or manner received from the SSA.

Example of the updated 271 response – new components are ***bolded and italicized***:

NM1*IL*1*LNAME*FNAME*M***MI*BENEFICIARYMBI~

N3****Refer to MSG for Subscriber address***~

N4*Baltimore*MD*21244~

DMG*D8*19400401*F~

EB*D~

MSG*Subscriber address - CASA #908 SAN JOSE CURRIDABAT LOMAS DEL SOL 11801 COSTA RICA~

All other base Medicare Beneficiary demographic Business Rules remain unchanged. Refer to the [HETS 270/271 Companion Guide](#) for additional information on current HETS handling.

3.2 Medicare Beneficiary Ineligible Reason Code

HETS currently returns a 271 2110C loop with element EB01 = “6” (and an effective date or historical span) when an individual entitled to Medicare is ineligible for Medicare benefits because they are incarcerated, have been deported or are classified as being unlawfully present in the United States.

Effective with this release, the 271 response for these individuals may also return an MSG segment stating why the individual was ineligible for Medicare coverage. HETS will return all Medicare ineligible reason code(s) that are available in the upstream data source. This may include multiple ineligible periods for the same and/or different reasons. This data may also include overlapping periods where the upstream data source indicates multiple reasons for ineligibility.

The Medicare Beneficiary ineligible reason codes will be returned as a 271 2110C MSG segment. The potential MSG segments that may be returned for the ineligible reason code are:

Table 1: Potential MSG Segments

| Situation | Corresponding MSG segment |
|---|---|
| Individual is incarcerated as per requested Date(s) of Service in 270 | MSG*Inactive – Prisoner or in custody of a Federal, State or local authority~ |
| Individual is deported as per requested Date(s) of Service in 270 | MSG*Inactive – Deported~ |
| Individual is not lawfully present as per requested Date(s) of Service in 270 | MSG*Inactive – Not lawfully present~ |

Examples of the updated 271 response adding the Medicare Beneficiary ineligible reason code information – new components are ***bolded and italicized***.

Example 1:

EB*6**30~
DTP*307*RD8*20240214-20240313~
MSG*Inactive – Not lawfully present~

Example 2:

EB*6**30~
DTP*307*D8*20241105~
MSG*Inactive - Deported~
EB*6**30~
DTP*307*RD8*20240114-20241106~
MSG*Inactive – Prisoner or in custody of a Federal, State or local authority~
EB*6**30~
DTP*307*RD8*20221214-20231224~
MSG*Inactive – Prisoner or in custody of a Federal, State or local authority~

All other base Medicare Beneficiary entitlement and eligibility Business Rules remain unchanged. Refer to Section 7.5 of the [HETS 270/271 Companion Guide](#) for additional information on current HETS handling.

3.3 Modify Specific Categories of Service from HCPCS to STC on the HETS 270 Request

HETS currently supports 100 unique Healthcare Common Procedure Coding System (HCPCS) codes on the 270 request. The X12 5010A1 standard allows a maximum of 99 EQ segments to be submitted on a 270 request. Therefore, it is technically impossible for a HETS Submitter to send all HETS supported HCPCS codes on a single 270 request. This is an issue with the X12 5010A1 standard but CMS is aware that it is impacting HETS Submitters.

CMS has performed analysis of the HETS supported HCPCS codes and identified three categories of service that constitute a meaningful number of HETS supported HCPCS. Effective with this release, CMS is going to modify these categories of service to be based on request via Service Type Code (STC) instead of HCPCS. The three categories of service are:

- Audiology (AUDG)
- Screening Pap Test (PAPT)
- Annual Wellness Visit (AWV)

Effective with this release, CMS is going to modify support of these specific categories of service from using HCPCS to STC. HETS Submitters will now be able to submit a single 270 request that includes all HETS supported services.

Also effective with this release, HETS will discontinue support on the 270 request for the HCPCS codes listed below in *Table 2: Discontinued Support for HCPCS Codes*. HETS Submitters that want to receive AUDG, PAPT or AWV information in the 271 response should cease sending the associated HCPCS codes and instead submit the appropriate STC. Aside from responding to the STC in the eligibility response, the 271 response will be identical as if the HETS Submitter had submitted all the supported HCPCS codes on the 270 request.

Table 2: Discontinued Support for HCPCS Codes

| Category of Service | Current HETS Supported HCPCS | Future HETS Supported STC |
|-----------------------------|--|---------------------------|
| Audiology (AUDG) | 92550, 92552, 92553, 92555, 92556, 92557, 92562, 92563, 92565, 92567, 92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92601, 92602, 92603, 92604, 92620, 92621, 92622, 92623, 92625, 92626, 92627, 92640, 92651, 92652, 92653 | 71 |
| Screening Pap Test (PAPT) | Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148 | BT ¹ |
| Annual Wellness Visit (AWV) | G0438, G0439 | BZ |

¹ HETS currently supports STC 'BT' ('Gynecological') on the 270 request and the 271 response returns eligibility for both Medicare Part A and Part B. Effective with this release, STC 'BT' will only return eligibility information for Medicare Part B. Submitting STC 'BT' on the 270 request will also result in the 271 response including any CWF calculated next eligible dates for Screening Pap Test HCPCS Q0091, P3000, G0123, G0143, G0144, G0145, G0147 and G0148.

Example: A HETS Submitter wants to obtain all Audiology (AUDG) information for a specific Medicare Beneficiary. The HETS Submitter currently requests this information by submitting 38 separate HCPCS codes in a 270 request.

Effective with this release, the HETS Submitter would cease sending those 38 AUDG HCPCS codes and would instead submit STC '71' in a 270 request.

Aside from the HETS 271 now including a basic indication of eligibility for STC 71 under Medicare Part B, the 271 response would be unchanged.

Following this change, HETS will support 52 HCPCS codes on the 270 eligibility request. This will once again allow HETS Submitters to include all supported STC and HCPCS codes on a single 270 request within the X12N 5010A1 standard.

All other HETS STC and HCPCS business rules are unchanged. HETS will continue to support all HCPCS codes published in the HETS 270/271 Companion Guide. Refer to Section 7.2 of the [HETS 270/271 Companion Guide](#) for additional information.

3.4 Medicare Diabetes Prevention Program (MDPP) Response Enhancement

HETS 270/271 supports Service Type Code 'CQ' ('Case Management') in the HETS 270 request. HETS Submitters can utilize the 'CQ' STC to request eligibility details for the Medicare Diabetes Prevention Program (MDPP). When this STC is present on the HETS 270 request and all other provided information creates a match, the 271 response includes Medicare Beneficiary eligibility, historic details from up to 50 previous MDPP benefit usage records (if applicable) and zero patient financial liability for MDPP services. If applicable to the Medicare Beneficiary, the 271 response also returns End Stage Renal Disease (ESRD) information when STC 'CQ' is present. The 271 response returns MDPP Eligibility separately from other Part B covered services, reflecting only requested dates. Active Medicare Part B coverage is required for MDPP eligibility.

The 271 response for MDPP may include all of the HCPCS covered in Section 7.22 of the [HETS 270/271 Companion Guide](#). Effective with this release, the HETS 271 response for MDPP HCPCS codes G9886 and G9888 will be enhanced. When available, the 271 response for these specific MDPP HCPCS will also include the number of remaining sessions for these services.

The number of remaining sessions for MDPP HCPCS G9886 is actually a [combined count](#) for sessions billed using either HCPCS G9886 or G9887. The 271 response will return the number of remaining sessions for HCPCS G9886 **only**; the number of remaining sessions for HCPCS G9887 will not be returned. The sessions remaining response for HCPCS G9886 will include an MSG segment to remind Medicare Providers that sessions remaining for HCPCS G9886 and G9887 are a combined count of in-person and distance learning counseling sessions.

Example of the updated 271 response – new components are ***bolded and italicized***:

EB*1**CQ*MB~
DTP*292*RD8*CCYMMDD-CCYMMDD~ (DTP03 = MDPP entitlement period)
DTP*194*D8*CCYMMDD~ (DTP03 = MDPP End Date of Period 2)
EB*C**CQ*MB**23*0~ (EB07 = deductible amount of "0")
DTP*292*RD8*CCYMMDD-CCYMMDD~

EB*A**CQ*MB**27*0~ (EB07 = coinsurance amount of "0")
DTP*292*RD8* CCYYMMDD-CCYYMMDD~
EB*F*MB*****HC|G9886~**
HSD*VS*17*29~**
MSG*MDPP HCPCS G9886 and G9887 remaining count is a combined value~
EB*F*MB*****HC|G9888~**
HSD*VS*10*29~**
EB*D***MB*****HC|G9886~ (MDPP HCPCS code with prior service)
DTP*472*D8*20230827~ (Date of Service)
LS*2120~
NM1*1P*2*****XX*122222223~ (NPI rendering MDPP service)
LE*2120~
EB*D***MB*****HC|G9886~ (HCPCS code G9886 can be returned multiple times)
DTP*472*D8*20230720~ (Date of Service)
LS*2120~
NM1*1P*2*****XX*111111113~ (Different NPI rendering MDPP service)
LE*2120~

The MDPP enhancement described above also applies to the limited eligibility response for MDPP-only suppliers ('D1' specialty code only on the NPI record). Additional information about the limited eligibility response is available in Section 7.22 of the [HETS 270/271 Companion Guide](#).

All other MDPP business rules are unchanged. Refer to Section 7.22 of the [HETS 270/271 Companion Guide](#) for additional information.

Appendix A. Record of Changes

Table 1 provides a record of changes made to this document.

Table 3: Document Revision History

| Version | Date | Description of Changes |
|---------|-----------|---|
| 2.0 | 1/24/2025 | Updated Section 3.1 to reflect use of a revised N301 element when needed to refer to the MSG segment. Also updated the MSG01 element to contain a label 'Subscriber address - 'prior to the address value (up to 132 characters) obtained from the SSA. |
| 1.0 | 1/14/2025 | Base Version |