



API Extended X12 Eligibility and Benefits Implementation Guide

Refers to the Implementation Guide

Based on X12 Version 005010X270 and
005010X270A1

**Health Care Eligibility and
Benefits Inquiry and Response
(270/271)**

Version Number 1.2

April 26, 2021

CHANGE LOG

1.0	12/27/2020	Initial Draft 270 API Expanded Eligibility and Benefits Guide based on version 5010
1.1	4/8/2020	Updated Extension Response table with additional information and corrections; various other clarifications/corrections.
1.2	4/14/2020	Updated 271 example and corrected policyNumber description

PREFACE

The API Extended X12 Eligibility Benefits Inquiry Implementation Guide is meant to be used in conjunction with the UnitedHealth Care Eligibility Benefits Inquiry and Response (270/271) Companion Guide. Additional eligibility and benefit related information that is not available in the 270/271 transaction can be retrieved via a response extension file that is returned along with the 271 eligibility benefits response. This guide will provide information regarding how to request access to receive the extended data as well as provide the data definitions associated with the extended data elements.

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1. INTRODUCTION

In addition to retrieving the existing UnitedHealthcare 271 eligibility benefits response, trading partners may also request to have access to extended eligibility and benefits data. The extended eligibility benefits data will be returned in the same response transmission as the corresponding 271, but in a separate response extension section. The response extension section can return other active policy information and prior authorization data for a submitted CPT.

In order to invoke a request for extension data, the Submitter must be authorized. Please refer to Section 5.2 for authorization instructions.

1.1 SCOPE

This document describes the request and response of the extended data that is returned in addition to the 271 eligibility benefits response. Refer to the UnitedHealth Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide for information regarding the 270/271 processing and the EDI X12 API Gateway Connectivity Guide for information regarding the 270/271 connection protocols and message formatting guideline.

The extended claim status functionality only applies to real time processing. Batch file processing is not currently offered.

The Extended Eligibility Benefits functionality applies to members covered by Commercial, Medicare or Medicaid policies under the following Payer IDs: 87726, 96385, 95467, 86050, 86047, 95378 and 94265.

Trading Partners should follow the below guidelines:

- Code with the ability to accept the extension response fields in any location/order in the response.
- Trading Partners may code the initial implementation of this functionality with the ability to ignore new fields that may be added to the extension response area in the future. This will ensure no impact to trading partner workflows if new fields are added in the future, and this also allows the Trading Partner to elect whether to utilize the field or not.

2. EXTENDED REQUEST

2.1 EXTENDED REQUEST GUIDELINES

To request extension data:

- Ensure the authorized Submitter id value is reflected in the ISA06 of the 270 request.
- Append the requestExtensions fields to the end of the 270 request after the parameters and message sections.

The following table identifies the request extension area and applicable field values:

Name	Valid Value	Description	Type (List or String)	Required/Optional
requestExtensions				
extensions				
type	ADDITIONAL_PLANS	Request to include coverage data related to additional active UHC plans as extended eligibility benefits data in addition to the 271 response.	String	Required
	PRIOR_AUTH	Request to include prior authorization details based on submitted procedure and diagnosis codes as extended eligibility benefits data in addition to the 271 response.	String	Required

2.2 EXTENDED REQUEST EXAMPLE

The example below contains the required 270 request using the standard messaging format identified in the EDI X12 API Gateway Connectivity Guide as well as the request extension area (this is an example request to display the format, not to be used).

Request:

```
{
  "parameters": {
    "businessPartnerId": "B2B",
    "businessPartnerReferenceNumber": "B2B",
    "businessPartnerUserId": "B2B",
    "payer": "87726",
    "systemType": "T",
    "transactionVersion": "1.0",
    "typeOfRequest": "270"
  },
  "message": "ISA*00*      *00*      *ZZ*BPR21GRACEZI *ZZ*87726
*010806*1200*^*00501*000000003*0*T*:~GS*HS*PROFSERV*DEVELOPMENT*20010101*120000*1*X*00501
0X279A1~ST*270*0001*005010X279A1~BHT*0022*13*10001234*19990501*1319~HL*1**20*1~NM1*PR*2*U
HC
COMPANY*****PI*87726~HL*2*1*21*1~NM1*1P*1*LINTON*CANDICE*****FI*593730470~HL*3*2*22*0~TRN*
1*93175-
012547*9877281234~NM1*IL*1*BARNEY*PANECZKO****MI*906712439~DMG*D8*19480830*M~DTP*291*R
D8*20200101-20211231~EQ*30~SE*13*0001~GE*1*1~IEA*1*000000003~",
  "requestExtensions": {
    "extensions": [
      {

```

```

"type": "PRIOR_AUTH",
  "params" : [

    {
      "name": "procedureCode",
      "value": "53430"
    },
    {
      "name": "diagnosisCode",
      "value": ""
    }

  ]
}

```

3. EXTENDED ELIGIBILITY BENEFITS RESPONSE

3.1 EXTENDED ELIGIBILITY BENEFITS RESPONSE GUIDELINES

The extended eligibility benefits response is returned immediately following the parameters and message areas that are standard with the 271 response.

If the extended claim status data is unavailable, the 271, 999 or TA1 will still be returned.

Within the “extensions” section of the response, multiple blocks of “type” data can be returned:

- The "type": "prior_auth" section will contain data related to the authorization requirement(s) for any submitted code(s).
- The "type": "additional_plans" section will contain data related to any additional active plans administered by United Healthcare.

The “key” section can appear in multiple locations of the extended eligibility benefits response and may be used to correlate the extended eligibility benefits response data with the 271 response data.

- The "type": "prior_auth" section will contain one key corresponding to the 271 data related to the prior authorization requirement.

Response fields with no value will be represented with a value of “” in the JSON response.

If no data is being returned in an array area, an empty array will be returned, [].

3.2 EXTENDED RESPONSE DATA DEFINITIONS

Field Name	Field Description	Type
responseExtensions	Introduces the expanded area of the response object including the status.	
statusCode	The extension status. Valid values: 0, 1, 3, 5	String
statusDescription	The extension status description. Valid values are listed after the numeric value: 0 - Success 1 - Not Authorized 3 - Extension Not Applicable 5 - Invalid Request Extension Type	String
extensions	Introduces the extensions associated with the response	
"type"	A "type" value introduces the request category data	String
"data"	Introduces the data area associated with the request "type"	Array
Prior Auth Extension Type		
Field Name	Field Description	Type
extStatusCode	The Prior Auth extension type status. Valid Values: PA01, PA02, PA03, PA04	String
extStatusDescription	The Prior Auth extension type status description. Valid values are listed after the alphanumeric value: PA01 – Missing/Invalid Extension Parameters PA02 – Prior Auth Not Applicable for the Requested Date Range PA03 – Prior Auth Not Applicable for this Inquiry PA04 – Service Not Available. Try Again Later.	String
disclaimerText	United Healthcare’s prior authorization disclaimer	String
Key – Field Name	Field Description	Type
policyNumber	This field corresponds to the following field in the 271 response: REF02 where REF01=1L 2100C	
productCategory	The category of the member’s policy Valid values and their corresponding descriptions: 1 – Commercial	Integer

	2 – Medicare 3 – Medicaid	
policyIssueState	The state where the member’s policy was issued	String (2)
diagnosisCode	The diagnosis code that was sent in the request	String
preliminaryDetermination	Introduces the preliminary determination portion of the response	Array
informational	Introduces the informational portion of the response	Array
Preliminary Determination – Field Name		
Field Name	Field Description	Type
procedureCode	The procedure code that was sent in the request	String
procedureCodeDesc	The procedure code description	String
decisionSummaryText	The determination made about the code submitted	String
siteOfService	Introduces the site of service portion of the response	Array
Site of Service – Field Name		
Field Name	Field Description	Type
siteOfServiceType	The type of site of service Valid values and descriptions: ALL – All 21 – Inpatient Hospital 22 – Outpatient Hospital 24 – Ambulatory Surgical Center 12 – Home 11 – Office	String
decisionCode	The determination on the code requirement Valid values and descriptions: 1 – Prior Auth is Required 2 – Prior Auth is Not Required 3 – Prior Auth may be Required, conditionally 4 – Blocked 5 – May be Blocked, conditionally	String
conditionList	Introduces the condition list portion of the response	Array
Condition List – Field Name		
Field Name	Field Description	Type

conditionName	The name of criterion that impacts the decision on whether prior auth is/is not required, or if it is blocked making it a conditional response. Response values: DIAGNOSIS STATE LINEOFBUSINESS	String
conditionDetail	Additional details about the condition. This may be a disclaimer message with specific details about what the condition is.	String
Informational – Field Name	Field Description	Type
errorField	The field that was sent in the request with an error in scenarios where multiple procedure codes are submitted with a partial success result.	String
errorValue	The value that was sent in the request with an error in scenarios where multiple procedure codes are submitted with a partial success result.	String
errorText	The description of the request error in scenarios where multiple procedure codes are submitted with a partial success result.	String
Additional Plans Extension Type		
Field Name	Field Description	Type
subscriberID	The identification number used to uniquely identify the member in the eligibility system	String
groupNumber	The policy number or group number	String
eligibilityProduct	The plan coverage product name	String
insuranceType	The code identifying the type of insurance policy within a specific insurance program	String
payerID	The identification number used to uniquely identify the payer	String
payerName	The name of the payer	String
payerURL	The URL of the payer	String
cobCarrierName	The name of the other payer there is a coordination of benefits for	String
cobPolicyNumber	The policy number of the other payer there is a coordination of benefits for	String
cobMembershipIdentificationNumber	The identification number used to uniquely identify the member in the eligibility system of the other payer there is a coordination of benefits for	String

cobPolicyEffectiveDateStart	The policy effective start date of the other payer there is a coordination of benefits for	String
cobPolicyEffectiveDateEnd	The policy end date of the other payer there is a coordination of benefits for	String
cobPrimaryGroupIndicator	The primacy (Primary, Secondary, or Tertiary) for the plan of the other payer there is a coordination of benefits for	String
coverageStartDate	The date the member is effective within the plan	String
coverageStopDate	The date the member terms within the plan	String
coverageIndicator	The value indicating whether the member is active or inactive in the plan	String

3.3 EXTENDED RESPONSE SUCCESSFUL

Response:

```
{
  "parameters": {
    "businessPartnerId": "B2B",
    "businessPartnerReferenceNumber": "B2B",
    "returnCode": "000",
    "returnCodeDescription": "Success",
    "trackingId": "040-1612990077400-2137204152",
    "transactionVersion": "1.0",
    "typeOfRequest": "270",
    "typeOfResponse": "271"
  },
  "message": " ISA*00*      *00*      *33*87726
*ZZ*BPR21GRACEZI*210414*0744*^*00501*104259678*0*P*:~GS*HB*87726*BPR21GRACEZI*20210414*0744
1963*1*X*005010X279A1~ST*271*00001*005010X279A1~BHT*0022*11*10000001*20210414*07441963~HL*
1**20*1~NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~PER*IC**UR*WWW.UHCPROVIDER.COM~HL*2*1*2
1*1~NM1*PR*2*UNITED
HEALTHCARE*****PI*87726~HL*3*2*22*0~NM1*IL*1*MOUSE*MICKEY****MI*0123456789~N3*150 WALT
DISNEY WAY~N4*LAKE BUENA
VISTA*FL*32830~DMG*D8*19231016*M~INS*Y*18*001*25~EB*1**30*C1*UNITEDHEALTHCARE CHOICE
PLUS|PS1-50~REF*1L*D1$N3Y~REF*18*0000 0000~DTP*346*RD8*20210401-20211231~MSG*FUNDING TYPE =
FULLY INSURED~LS*2120~NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~N3*P.O. BOX
740800~N4*ATLANTA*GA*303740800~PER*IC**UR*WWW.UHCPROVIDER.COM~LE*2120~EB*F**30*****Y
~MSG*MEDICAL NECESSITY RADIOLOGY~EB*F**30*****Y~MSG*MEDICAL NECESSITY
CARDIOLOGY~EB*F**30*****U~MSG*SITE OF CARE RADIOLOGY~EB*F**30*****Y~MSG*SITE OF CARE
RADIOLOGY~EB*C*FAM*30***29*20000*****N~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**23*40000*****N~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**23*20000*****N~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**29*6896.62*****Y~DTP*346*RD8*20210401-
20211231~EB*C*FAM*30***23*20000*****N~DTP*346*RD8*20210401-
```

20211231~EB*C*FAM*30***23*10000*****Y~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**24*103.38*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***23*10000*****N~DTP*346*RD8*20210401-
20211231~EB*C*FAM*30***24*0*****N~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**24*103.38*****Y~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**29*40000*****N~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***24*0*****N~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**23*14000*****Y~DTP*346*RD8*20210401-
20211231~EB*C*FAM*30***29*9971.62*****Y~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**23*7000*****Y~DTP*346*RD8*20210401-
20211231~EB*C*FAM*30***24*28.38*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***24*28.38*****Y~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**29*13896.62*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***29*10000*****N~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**29*20000*****N~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***23*5000*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*30***29*4971.62*****Y~DTP*346*RD8*20210401-
20211231~EB*G*FAM*30*C1**24*0*****N~DTP*346*RD8*20210401-
20211231~EB*G*IND*30*C1**24*0*****N~DTP*346*RD8*20210401-
20211231~EB*1**1^33^47^48^50^86^98^AL^MH^PT^UC*****W~DTP*346*RD8*20210401-
20211231~EB*1**96*****W~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*A*IND*96***27**0*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*A*IND*86^50^48***27**3*****Y~DTP*346*RD8*20210401-
20211231~EB*A*IND*33^98^PT^UC***27**0*****Y~DTP*346*RD8*20210401-
20211231~EB*A*IND*33^50^86^98^UC^PT^48***27**5*****N~DTP*346*RD8*20210401-
20211231~EB*A*IND*96***27**5*****N~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*B*IND*96***27*0*****N~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*B*IND*PT^98^33^UC***27*0*****N~DTP*346*RD8*20210401-
20211231~EB*B*IND*UC***27*25*****Y~DTP*346*RD8*20210401-
20211231~EB*B*IND*48^50^86***27*0*****W~DTP*346*RD8*20210401-
20211231~EB*B*IND*96***27*75*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*B*IND*98^33^PT***27*15*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*UC^33^98^PT***0*****Y~DTP*346*RD8*20210401-
20211231~EB*C*FAM*96***0*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*C*FAM*PT^98^33^UC***29*0*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*96***0*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*C*FAM*UC^PT^98^33***0*****Y~DTP*346*RD8*20210401-
20211231~EB*C**86***300*****Y~DTP*346*RD8*20210401-
20211231~EB*C*FAM*96***29*0*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*C*IND*UC^33^98^PT***29*0*****Y~DTP*346*RD8*20210401-
20211231~EB*C*IND*96***29*0*****Y~DTP*346*RD8*20210401-
20211231~MSG*SPECIALIST~EB*F*IND*PT^33***29***VS*3**Y~DTP*346*RD8*20210401-
20211231~MSG*REHABILITATIVE~MSG*ADDITIONAL BENEFIT FOR MUSCULOSKELETAL PAIN MANAGEMENT PROGRAM~EB*F*IND*33^PT***23*999999.99**VS*20**W~DTP*346*RD8*20210401-
20211231~MSG*REHABILITATIVE~EB*F*IND*33^PT***29*999999.99**VS*20**W~DTP*346*RD8*20210401-
20211231~MSG*REHABILITATIVE~EB*F*IND*50^86^48***0*****Y~DTP*346*RD8*20210401-
20211231~EB*F*IND*50^86^48***0*****Y~DTP*346*RD8*20210401-20211231~MSG*ADDITIONAL COVERED PER OCCURRENCE~EB*1**30**SPECTERA VISION PLAN~DTP*346*RD8*20210401-
99991231~LS*2120~NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~N3*PO BOX 30978~N4*SALT LAKE

CITY*UT*841300978~LE*2120~EB*C*IND*30***23*0*****W~DTP*346*RD8*20210401-
 99991231~EB*C*FAM*30***23*0*****W~DTP*346*RD8*20210401-
 99991231~EB*G*IND*30***23*0*****W~DTP*346*RD8*20210401-
 99991231~EB*G*FAM*30***23*0*****W~DTP*346*RD8*20210401-
 99991231~EB*1**AL~DTP*346*RD8*20210401-
 99991231~EB*U**88~LS*2120~NM1*VN*2*OPTUMRX~PER*IC**UR*PROFESSIONALS.OPTUMRX.COM~LE*2120
 ~EB*X~LS*2120~NM1*1P*2*UNITED HEALTHCARE~LE*2120~SE*175*00001~GE*1*1~IEA*1*104259678~",

```

    "responseExtensions": {
      "statusCode": "0",
      "statusDescription": "Success",
      "extensions": [ {
        "type": "PRIOR_AUTH",
        "data": [ {
          "disclaimerText": "The search executed is based on data that you have selected. Your search is not a
request for prior authorization and is not notification to UnitedHealthcare. Prior authorization requirements
vary by benefit plan and the provider's participation status. Your search does not guarantee coverage. Coverage
determinations are based on the member's benefit plan and eligibility for benefits, in addition to other criteria.
This tool is intended to check requirements for Medical services only. Behavioral Health requirements must be
verified through www.ProviderExpress.com. For Home and Community Based Services, please call the number
on the back of the member's ID card. Note that prior authorization requirements for Oxford members are not
currently supported on this tool. UnitedHealthcare Exchange Plan member benefits must be verified through
www.UHCProvider.com/exchanges.",
          "key": {
            "policyNumber": "99929",
            "productCategory": "2",
            "policyIssueState": "AR"
          },
          "preliminaryDetermination": [ {
            "procedureCode": "53430",
            "procedureCodeDesc": "Urethroplasty, reconstruction of female urethra",
            "decisionSummaryText": "Notification/Prior Authorization may be required for this service.",
            "siteOfService": [ {
              "siteOfServiceType": "ALL",
              "decisionCode": "3",
              "conditionList": [ {
                "conditionName": "DIAGNOSIS",
                "conditionDetail": "Requires Notification/Prior Authorization when billed with a gender dysphoria
diagnosis."
              }
            ]
          }
        ]
      }
    ]
  }
}

```

3.4 EXTENDED RESPONSE UNSUCCESSFUL

```
{
  "parameters": {
    "businessPartnerId": "API12PARTNER",
    "businessPartnerReferenceNumber": "nexAPI1",
    "returnCode": "000",
    "returnCodeDescription": "Success",
    "trackingId": "036-1588188514359-632190027",
    "transactionVersion": "1.0",
    "typeOfRequest": "270",
    "typeOfResponse": "277"
  },
  "message": "ISA*00*      *00*      *ZZ*BPR21GRACEZI *ZZ*87726
*010806*1200*^*00501*000000003*0*T*:~GS*HS*PROFSERV*DEVELOPMENT*20010101*120000*1*X*005010X279A
1~ST*270*0001*005010X279A1~BHT*0022*13*10001234*19990501*1319~HL*1**20*1~NM1*PR*2*UHC
COMPANY*****PI*87726~HL*2*1*21*1~NM1*1P*1*LINTON*CANDICE*****FI*593730470~HL*3*2*22*0~TRN*1*931
75-
012547*9877281234~NM1*IL*1*BARNEY*PANECZKO****MI*906712439~DMG*D8*19480830*M~DTP*291*RD8*202
00101-20211231~EQ*30~SE*13*0001~GE*1*1~IEA*1*000000003~",
  "responseExtensions": {
    "statusCode": "1",
    "statusDescription": "Not Authorized"
  }
}
```

statusCode	statusDescription
0	Success
1	Not Authorized
3	Extension Not Applicable
5	Invalid Request Extension Type[CA1]

4. CONNECTIVITY AND COMMUNICATION PROTOCOLS

To establish connectivity for API Extended X12 data, a direct connection to UnitedHealthcare is required. We will provide the connectivity guide to establish new connections when needed. A direction connection is not required if you are receiving API Extended X12 data from your clearinghouse.

4.1 EXTENDED API SYSTEM AVAILABILITY

Normal business hours: Monday - Friday, 5 am to 9 pm CST
Weekend hours: Saturday - Sunday, 5 am to 6 pm CST (exceptions may occur)

UnitedHealthcare systems may be down for general maintenance and upgrades. During these times, our ability to process incoming 270/271 EDI transactions may be impacted. The codes returned in the STC segment of the 271 response will instruct the trading partner if any action is required.

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 270 transactions. UnitedHealthcare will send an email communication for scheduled and unplanned outages.

5. TRADING PARTNER AGREEMENTS

5.1 TRADING PARTNERS

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

EDI data sharing agreements are required through your existing clearinghouse or UnitedHealthcare. To establish a connection to UnitedHealthcare for API Extended X12 data, a Trading Partner Agreement is required. If you are receiving API Extended X12 data from your clearinghouse and not directly from UnitedHealthcare, an agreement isn't necessary.

5.2 AUTHORIZATION FOR API EXTENDED X12 DATA

If interested in obtaining API Extended X12 data, send an email to physician_esolutions@uhc.com to request a consultation. Include your name, title, company, email address and phone number.

We will contact you to discuss API options, compatibility and connection terms. Once approved, you will be connected with the API development team for onboarding.

6. CONTACTS AND RESOURCES

6.1 EDI AND API SUPPORT

Most questions can be answered by referring to the [EDI section](#) of our resource library. View the [EDI 270/271](#) page for information specific to claim status transactions. Go to UHCprovider.com/api for details on API Extended Data.

If you need assistance with an EDI transaction accepted by UnitedHealthcare, have questions on the format of the 270/271 transaction or receive invalid data in the 271 response, please contact EDI Support. A complete list of EDI contacts is online at UHCprovider.com/edicontacts.

If you have questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

6.2 PROVIDER SERVICES

Provider Services should be contacted at 877-842-3210 instead of EDI Support if you have questions regarding the details of a member's benefits. Provider Services is available Monday - Friday, 7 am - 7 pm in the provider's time zone.