This document illustrates the content that will be included in a response to a provider for each type of request.

This document illustrates the content that will be included in a response to a provider for each type of request.  5010	
3010	
270	271
Provider Request	Provider Response
EQ01 Service Type Request	EB03 Service Type(s) Response
Request	*** For this code, only Active/Inactive will be returned. Responder is prohibited from returning additional or full liability information.
Response will be as in	l ndicated in column B for each Service Type in column A.
1 Medical Care	1 Medical Care***
	2 Surgical
	42 Home Health Care
	45 Hospice
	69 Maternity
	76 Dialysis 83 Infertility
	AG Skilled Nursing Care
	BT Gynecological
	BU Obstetrical
	DM Durable Medical Equipment***
2 Surgical	2 Surgical
	7 Anesthesia
	8 Surgical Assistance
4 Diagnostic X-Ray	20 Second Surgical Opinion
5 Diagnostic Lab	4 Diagnostic X-Ray 5 Diagnostic Lab
6 Radiation Therapy	6 Radiation Therapy
7 Anesthesia	7 Anesthesia
8 Surgical Assistance	8 Surgical Assistance
9 Other Medical	9 Other Medical
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental
20 Second Surgical Opinion 30 Health Benefit Plan Coverage	20 Second Surgical Opinion  1 Medical Care***
oo ricalti beliciit riali ooverage	86 Emergency Services
	98 Professional Visit Office: Physician
	47 Hospital
	MH Mental Health***
	AL Vision/Optometry
	35 Dental Care***
	88 Pharmacy UC Urgent Care
	33 Chiropractic
	48 Hospital Inpatient
	50 Hospital - Outpatient
	51 Hospital - Emergency Accident
	52 Hospital - Emergency Medical
20 Object of the	BZ Professional Visit Office: Well
33 Chiropractic	4 Diagnostic X-Ray
35 Dental Care	33 Chiropractic 35 Dental Care***
40 Oral Surgery	40 Oral Surgery
42 Home Health Care	42 Home Health Care
	A3 Professional (Physician) Visit - Home
45 Hospice	45 Hospice
47 Hospital	47 Hospital
	51 Hospital – Emergency Accident
	52 Hospital – Emergency Medical
48 Hospital - Inpatient	53 Hospital – Ambulatory Surgical 48 Hospital - Inpatient
To Hospital - Ilipationi	99 Professional (Physician) Visit - Inpatient
50 Hospital - Outpatient	50 Hospital Outpatient
	51 Hospital - Emergency Accident
	52 Hospital - Emergency Medical
	A0 Professional (Physician) Visit - Outpatient
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical

5010	
270	271
Provider Request	Provider Response
EQ01 Service Type	EB03 Service Type(s) Response
Request	*** For this code, only Active/Inactive will be returned. Responder is prohibited
	from returning additional or full liability information.
	and the state of t
Response will be as indicated in column B for each Service Type in column A.	
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical
60 General Benefits	60 General Benefits***
61 In-vitro Fertilization	61 In-vitro Fertilization
62 MRI/CAT Scan	62 MRI/CAT Scan
64 Acupuncture 65 Newborn Care	64 Acupuncture 65 Newborn Care
68 Well Baby Care	68 Well Baby Care
oo wen baby care	80 Immunizations
	BH Pediatric
69 Maternity	69 Maternity
73 Diagnostic Medical	4 Diagnostic X-Ray
	5 Diagnostic Lab
	62 MRI/CAT Scan
76 Dialysis	73 Diagnostic Medical 76 Dialysis
78 Chemotherapy	78 Chemotherapy
80 Immunizations	80 Immunizations
81 Routine Physical	81 Routine Physical
82 Family Planning	82 Family Planning
83 Infertility	83 Infertility
	61 In-vitro Fertilization
84 Abortion	84 Abortion
86 Emergency Services	51 Hospital - Emergency Accident
	52 Hospital - Emergency Medical 86 - Emergency Services
	98 Professional (Physician) Visit – Office
88 Pharmacy	88 Pharmacy
93 Podiatry	93 Podiatry
98 Professional (Physician) Visit - Office	98 Professional (Physician) Visit – Office
	BZ Physician Visit - Office: Well
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home
A6 Psychotherapy	A6 Psychotherapy***
A7 Psychiatric - Inpatient	A7 Psychiatric - Inpatient***
A8 Psychiatric - Outpatient	A8 Psychiatric - Outpatient***
AD Occupational Therapy	AD Occupational Therapy
AE Physical Medicine	AE Physical Medicine
AF Speech Therapy	AF Speech Therapy
AG Skilled Nursing Care	AG Skilled Nursing Care
Al Vision (Onternation)	Al Vision (Ontempts)
AL Vision (Optometry) BG Cardiac Rehabilitation	AL Vision (Optometry) BG Cardiac Rehabilitation
BH Pediatric	BH Pediatric
MH Mental Health	MH Mental Health***
Will Worker Floater	CE MH Provider – Inpatient
	CF MH Provider – Outpatient
	CG MH Provider Facility – Inpatient
	CH MH Provider Facility - Outpatient
UC Urgent Care	UC Urgent Care
BT Gynecological	BT Gynecological
BU Obstetrical BV Obstetrical/Gynecological	BU Obstetrical BV Obstetrical/Gynecological***
DV Obstetrical/Gynecological	BT Gynecological
	BU Obstetrical
BY Physician Visit – Office: Sick	BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well	BZ Physician Visit – Office: Well
CE MH Provider – Inpatient	CE MH Provider – Inpatient
CF MH Provider – Outpatient	CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient	CG MH Provider Facility - Inpatient
CH MH Provider Facility – Outpatient	CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient	CI Substance Abuse Facility – Inpatient

5010		
270	271	
Provider Request	Provider Response	
EQ01 Service Type Request	EB03 Service Type(s) Response  *** For this code, only Active/Inactive will be returned. Responder is prohibited	
	from returning additional or full liability information.	
Response will be as indicated in column B for each Service Type in column A.		
CJ Substance Abuse Facility – Outpatient	CJ Substance Abuse Facility – Outpatient	
CK Screening X-ray	CK Screening X-ray	
CL Screening Laboratory	CL Screening Laboratory	
CM Mammogram, HR Patient	CM Mammogram, HR Patient	
CN Mammogram, LR Patient	CN Mammogram, LR Patient	
CO Flu Vaccination	CO Flu Vaccination	
DM Durable Medical Equipment	DM Durable Medical Equipment ***	
	12 Durable Medical Equipment Purchase	
	18 Durable Medical Equipment Rental	
PT Physical Therapy	PT Physical Therapy	
Notes:  ◆ All other Service types are responded as if a 30 were requested.		