EDI 270/271 for Eligibility and Benefits

Don't Let EDI Productivity and Savings Get Away!

Start using EDI through your Facility or Practice Management System today! Electronic Data Interchange (EDI) is available for all eligible UnitedHealthcare dental transactions to help your organization improve efficiency, reduce costs, and increase cash flow.

Use the **Eligibility and Benefit Inquiry (270)** transaction to inquire about the health care eligibility and benefits associated with a subscriber or dependent. Use **Service Type Code 35** to request comprehensive dental 271 responses.

The **Eligibility and Benefit Response (271)** transaction is used to respond to a 270 inquiry about the health care eligibility and benefits associated with a subscriber or dependent.

For understanding how it can help you and how to get started, check out the dropdowns below!

Benefits
Electronic eligibility verification may result in the following benefits:

- Increased productivity and efficiency
- Fewer denials for eligibility
- Less time spent on manual, administrative tasks
- Spend less time on the phone
- Exchange information with multiple payers

How EDI Works
Typically for your facility to check eligibility, you would have to call in to verify benefits and check on accumulators or log into our provider portal to check each patient. Now, with EDI, this process can be automated, improving efficiency for the provider. EDI is a two-way communication between two parties, and data is passed back and forth in a standardized format. The provider will send a 270 request to the payer for a particular member, and the payer then sends a response called 271 that contains the member's eligibility and benefit levels. These transactions are completed via the EDI protocol.

Setting up EDI 270/271 Transactions
The provider will have little minimal involvement with UHC Dental to set up EDI.

There are really only two steps involved for set-up:

1. The provider notifies their clearinghouse that they would like to enroll for 270/271 delivery for UHC/DBP Payer ID 52133 and for UMR Payer ID 39026.

A. There will be a few tasks the clearinghouse will ask the provider to do. All tasks should be completed promptly to ensure there are no delays.

B. Below is a list of some clearinghouses used by UHC Dental providers:

a) Change Healthcare (CHC)
b) DentalXChange (DXC)
c) QSI/NextGen
d) Tesia
e) NEA

2. The provider notifies its dental Practice Management Software (PMS) vendor of intent to move forward with sending and receiving 270/271 transactions for UHC/DBP and UMR. It might already be set up if you use it with another payer.

Doing this will allow your system to automatically generate an inquiry and/or to enable automatic posting of the benefit information to patient accounts.

Benefit Information You Can Expect To See In the 271 Response

Category	EDI 270/271
Member Coverage Status	X
Deductible Calendar Year	X
Deductible Year to Date	X
Deductible Remaining	X
Deductible (Specialty)	X
Out of Pocket (stop loss) Calendar Year	X
Out of Pocket (stop loss) Year to Date	X
Out of Pocket (stop loss) Remaining	X
Service In/Out of Network Status	X
Co-Insurance	X
Copayment	X
Limitations	X
Member information such as Name, Date of Birth, Gender, Address and ID Number	X
See insurance information such as Payer, Payer ID, Plan Description and Claims Address	X
Find Member Copay and Co-insurance amounts	X
See Deductible amounts	X
View Out-of-pocket Maximums	X
View Vendor coverage	X
Referral requirements	X

Service Type Codes That Are Compatible with the 271 Response

HIPAA_SERVICE_TYPE	HIPAA_SERVICE_TYPE_DESC
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
35	All Dental Service Type Codes
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental

Troubleshooting

If you run into any issues during the 270/271 setup process, the first line of assistance should be the clearinghouse. They work with Optum360, United Dental's clearinghouse, to set up the EDI connection. Most all issues can be resolved through the provider's clearinghouse.

I am receiving these common errors:

- If you receive: AAA*Y**73*C~AAA*Y**71*C~ (Invalid or missing name and DOB)
    - Then verify name and date of birth in your records and include member id

- If you receive: AAA*Y**75: (Subscriber/insured not found)
    - Then member has no active coverage or may not be a UnitedHealthcare member

- If you receive: AAA*Y**71 (Subscriber/insured birth date does not match patient database)
    - Then check formatting of date of birth — should be YYMMDD

I am not receiving benefit information I am expecting to see
Contact your Practice Management System (PMS) Vendor. They might not have fully activated 270/271, or might not be translating the code appropriately.

The choice is EDI

Your time and that of your staff is valuable. EDI can improve office efficiency by eliminating time spent calling in for eligibility and logging onto the portal. Go into your system, see if EDI is available, and start saving your valuable time!