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Delta Dental of California

Health Care Eligibility Benefit Inquiry and Response 270/271 HIPAA Transaction Standard Companion Guide

Refers to the ASC X12N 270/271Technical Report Type 3 Guide (Version 005010X279A1)

NDEDIC Top50 v5010 Companion Guide: 2.7

October 31, 2023

Disclosure Statement

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Delta Dental of California. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3 Guides are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Technical Report Type 3 Guides.

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1   INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1   SCOPE

- This companion guide is intended for Delta Dental of California and Enterprise Payers* Trading Partners interested in exchanging HIPAA compliant X12 transactions with Delta Dental of California.
- It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards.
- It is an enhancements to the CAQH CORE Phase 1 & 2 rules implementation to address NDEDIC Top Dental Eligibility and Benefit Questions Response Guide, Version 1.1, July 2015.
- It contains information about specific Delta Dental of California requirements for processing following X12N Implementation Guides: Health Care Eligibility Benefit Inquiry and Response 270/271 HIPAA Transaction Standard Companion Guide

  *Enterprise Payers: AL, CA, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, PR, TX, UT, WV, PM (for DeltaCare USA), AP (for AARP)

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2   OVERVIEW

The purpose of this document is to introduce and provide information about Delta Dental of California's B2B enterprise solution for submitting real-time 270/271 transactions. This document covers how Delta Dental will work with submitters, testing, connectivity, contact information, control segments/envelopes, payer specific business rules and limitations, acknowledgements, and trading partner agreements.

1.3   REFERENCES

- The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at http://store.x12.org/store/healthcare-5010-original-guides.
- Delta Dental of California's documentation on transactions for Trading Partners is located at: http://www.deltadentalins.com/dentists/edi-support.html
- CAQH/CORE: http://www.caqh.org/COREv5010.php
- NDEDIC Top Dental Eligibility and Benefit Questions Response Guide, Version 1.1, July 2015

1.4   ADDITIONAL INFORMATION

- New trading partners must have Internet (HTTPS) connection capability to submit a 270 request and receive 271 responses. Trading partners already connected to Delta Dental of California via SFTP VPN will continue this process until a mutually agreed upon schedule for conversion to HTTPS is made.
- Delta Dental of California only supports real-time processing for the 270/271 transaction set.
- The B2B enterprise solution supports inquires for Delta Dental subscribers in the States shown in 1.1 Scope.
- The 271 response returned by Delta Dental of California should not be interpreted as a guarantee of payment.
- Delta Dental does not charge or pay transaction fees for real-time 270/271. Submitters are responsible for their own cost related to testing and implementation of transactions.

2   GETTING STARTED

2.1   WORKING WITH Delta Dental of California

Entities interested in submitting 270 inquiries and receiving 271 responses via the Delta Dental of California B2B enterprise solution should email or call the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION).

2.2   TRADING PARTNER REGISTRATION

New submitters must submit in writing or email a request to become a trading partner to the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION).

Delta Dental reserves the right to have new Trading Partners use existing Trading Partner connections
In the request, submitter must include the following information:

Contact Name	
Company Name	
Address, City, State and Zip	
E-Mail address of contact	
Telephone of contact	
Number of Delta Enterprise Provider Clients Served	
Submitter CAQH CORE Certified?	

2.3   CERTIFICATION AND TESTING OVERVIEW

See section 4.1.1 Trading Partner Registration and Certification below.

3   TESTING WITH THE PAYER

See section 4.1 PROCESS FLOWS for an overview of the initial testing process.

4   CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1   PROCESS FLOWS

4.1.1 Trading Partner Registration and Certification

To access Delta Dental of California's 270/271 application, new Trading Partners need to register and complete the Trading Partner registration (see Sections 2.2 TRADING PARTNER REGISTRATION) and certification processes.

Process for Exchanging 270/271 Transactions

Step1: Trading Partner Registration	Step2: Trading Partner Authentication	Step3: Trading Partner Validation/Testing	Step4: Trading Partner Implementation
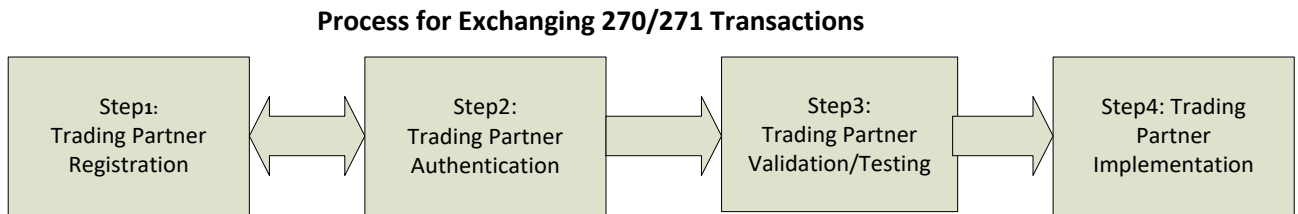
Step1: Trading Partner Registration

Trading Partner should contact Delta Dental of California to Complete and submit the Trading Partner Agreement Form for registration process.

Step2: Trading Partner Authentication

Verification of the information on the Trading Partner Agreement Form will be required prior to approval of the Submitter ID requests.

Step3: Trading Partner Validation/Testing

Trading Partner will be requested to send test transactions to verify all systems involved can properly submit and receive X12 compliant transactions. The Usage Indicator (ISA15) must be "T".

Step4: Trading Partner Implementation

Once testing is complete, a Trading Partner can begin to submit 270 transactions and receive 271 transactions in the Production environment. The Usage Indicator (ISA15) must be "P".

4.1.2   Transaction Process
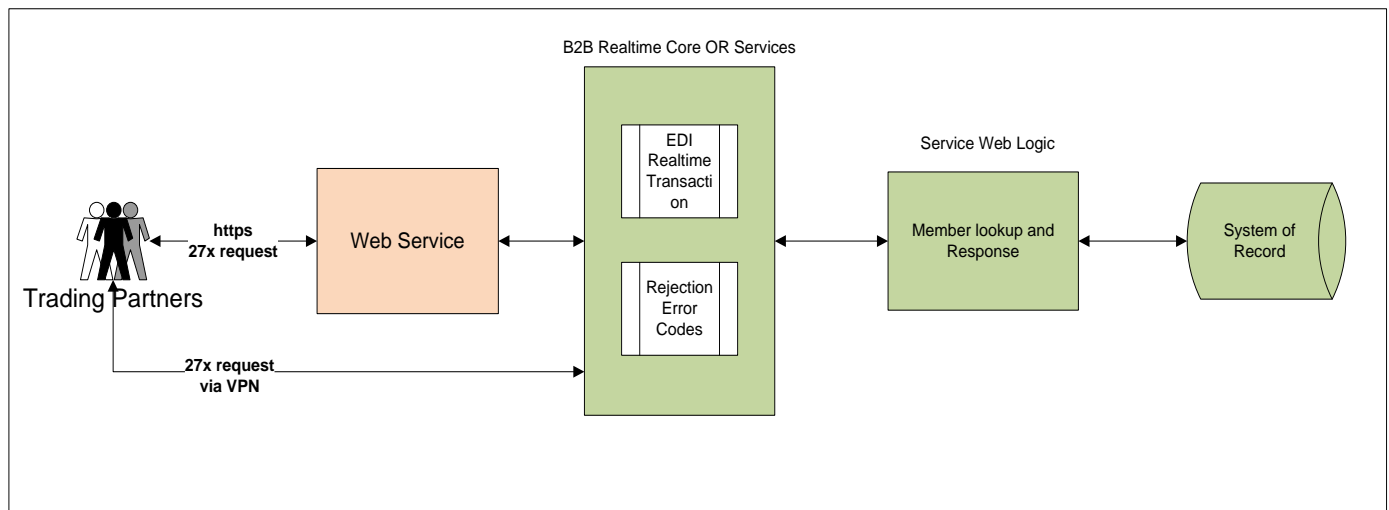
4.2   TRANSMISSION ADMINISTRATIVE PROCEDURES

The Delta Dental of California B2B enterprise solution for real-time transactions supports transactions formatted according to the Simple Object Access Protocol (SOAP) compliant standards set forth by Web Services Description Language (WSDL) formatting, submission and retrieval.

For trading partners using HTTPS, they should use X.509 Certificate base authentication over SSL24 (Submitter Authentication Standard D in the Conformance Requirements §4.1).

For trading partners using the VPN connection, they should use Secure Sockets Layer (SSL v3.0) open standard for client certificate-based authentication.

4.3   RE-TRANSMISSION PROCEDURE

The 270/271 request/response will be 20 seconds or less. If a 271 response, TA1 or 999 is not received, trading partner should resubmit the request. The B2B enterprise solution is set to time-out at 20 seconds.

4.4   COMMUNICATION PROTOCOL SPECIFICATIONS

SOAP XML, WSDL details will be provided as requested by the trading partner.

4.4.1 CORE Connectivity Rules are based on the following standards

HTTPS Version 1.1

SSL Version 3.0

SOAP Version 1.2

Web Services-Security 1.1

4.5 PASSWORDS

Delta Dental of California security policies requires use of a User ID and password for log-on.
Please contact Trading Partner Relations Manager (see §5.1 CONTACT INFORMATION) if you experience problems with your password.

5 CONTACT INFORMATION

5.1 EDI TECHNICAL ASSISTANCE

Trading Partner EDI Technical Inquiries
DeltaDentalProduction@delta.org

Monday through Friday between 8:00 a.m. and 5:00 p.m., Pacific Time.

Excluding the following major holidays:
New Year's Day (1/1)
Martin Luther King, Jr, Day (3RD Monday in January)
President's Day (3rd Monday in February)
Memorial Day (Last Monday in May)
Independence Day (7/4)
Labor Day (1st Monday in September)
Veterans Day (11/11)
Thanksgiving (4th Thursday and Friday in November)
Christmas Eve (12/24)
Christmas Day (12/25)
New Years Eve (12/31)

5.2 PROVIDER SERVICE NUMBER

If you have questions regarding information related to subscribers that are non-technical, contact center information can be found at the following:
http://www.deltadentalins.com/about/contact/

5.3 APPLICABLE WEBSITES/E-MAIL

http://www.deltadentalins.com/about/contact/

http://www.deltadentalins.com/dentists/edi-support.html

6 CONTROL SEGMENTS/ENVELOPES

6.1 Interchange Control Structure(ISA-IEA)

Table describes the value specifically required by Delta Dental 270/271 application within the ISA Header of the 270 request. The Delta Dental 270/271 application does not expect any custom values for the IEA segment within the 270 request. Please follow the rules as specified by the TR3.

270 ISA Segment Rules

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
C.4	Header	ISA	Interchange Control Header		
C.4		ISA01	Authorization Information Qualifier	00	
C.4		ISA03	Authorization Information	00	
C.4		ISA05	Interchange ID Qualifier	ZZ	
C.4		ISA06	Interchange Sender ID		
C.5		ISA07	Interchange ID Qualifier	ZZ	
C.5		ISA08	Interchange Receiver ID		2 characters local plan code (DE, DC, WV, NY, PA, MD, WV, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PR, PM (for DeltaCare, AP (for AARP)) + 13 characters blanks
C.5		ISA11	Repetition Separator	^	
C.6		ISA14	Interchange Control Version Number	0	
C.6		ISA15	Usage Indicator	T/P	
C.6		ISA16	Component Element Separator	:	

6.2 Functional Group Structure (GS-GE)

The table below describes Delta Dental of California's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Delta Dental of California expects functional groups to be sent and how Delta Dental of California will send functional groups. These discussions will describe how similar transaction sets will be packaged and Delta Dental of California's use of functional group control numbers.

The Delta Dental 270/271 application does not expect any custom values for the GE segment within the 270 request. Please follow the rules as specified by the TR3 for the GE segment.

270 GS Segment Rules

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes

C.7	Header	GS	Functional Group Header		
C.7		GS01	Functional Identifier Code	HS	
C.7		GS02	Application Sender's Code	00	
		GS03	Application Receiver's Code		2 characters local plan code (DE, DC, WV, NY, PA, MD, VW, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PR, PM (for DeltaCare, AP (for AARP))
		GS07	Responsible Agency Code	X	
		GS08	Version/Release/Industry Identifier Code		005010X0279A1

6.3 Transaction Set Header/Trailer (ST-SE)

The Delta Dental 270/271 application does not expect any custom values for the ST/SE segments within the 270 request. Please follow the rules as specified by the TR3.

7   PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Delta Dental of California's business rules and limitations of the 270/271 application.

7.1   General Structural Notes

- Trading Partners should follow the ST/SE guidelines outlined in the 270 section of the TR3
- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.
- Each transaction must contain only one Patient Request. Each 270 request must have only one ISA/IEA, one GS/GE, one ST/SE, and a single 2100C Subscriber Loop.

7.2   Date of Service Rules

- The 270/271 application will respond with current eligibility information if no date is contained in the 270 request.
- Delta Dental of California's System will verify that the requested date(s) on the 270 request are within the 270/271 application's allowable date span. The allowable date span is up to 12 months in the past and up to four months in the future, based on the date the transaction was received. If requests are outside of this range, the 270/271 application will return an AAA error in the 2100C Loop with a reject reason code of AAA03 = "62".
- For a future or past coverage request, waiting periods will not be sent in 271 responses.

7.3   Pre-Query and Post-Query validation

7.3.1 Pre-Query validation

Delta Dental will perform a pre-query validation on the 270 transaction to make sure the required Subscriber/Dependent data elements are preset prior to routing the information to the Eligibility and Benefit system.

For Subscriber request, the following data elements are required:

2100C/NM109 Subscriber ID

2100C/NM103 Subscriber Last Name

2100C/NM104 Subscriber First Name or 2100C/DMG Subscriber DOB

For Dependent request, the following data elements are required:

2100C/NM109 Subscriber ID

2100D/NM103 Dependent Last Name

2100D/NM104 Dependent First Name

2100D/DMG Dependent Date of Birth

If any of the above data elements are missing, an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the missing data elements.

7.3.2 Post-Query validation

If the Pre-Query validation passes, a Post-Query validation will be performed to match the Subscriber/Dependent against the Delta Dental Eligibility and Benefit System

For Subscriber request, the following data elements are used to match the subscriber:

2100C/NM109 Subscriber ID

2100C/NM103 Subscriber Last Name

2100C/NM104 Subscriber First Name

2100C/DMG Subscriber DOB

For Dependent request, the following data elements are required:

2100C/NM109 Subscriber ID

2100D/NM103 Dependent Last Name

2100D/NM104 Dependent First Name

2100D/DMG Dependent Date of Birth

If any of the above data elements are not matched, an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the data element not matched.

7.4   Identification Number Requirements

Valid Member ID is required for Delta Dental's 270/271 application. Member IDs should not contain hyphens, spaces, or any special characters.

7.5   Eligibility Name search

An exact match on the patient's Last Name and Date of Birth (or First Name) is required in order to return eligibility and benefits for the patient.

7.5.1 Name Normalization

In accordance with CAQH CORE requirements, Delta Dental normalizes the patient's last name from the submitted 270 request and compares them to a normalized version of the patient information contained in Delta Dental of California's membership files. When making name comparisons:

- The match will not be case-sensitive
- All special characters within the basic character set are ignored:
  "!", """, "&", "'", "(", ")", "*", "+", ",", "-", ".", "/", ":", ";", "?", "=" and space
- All of the following character strings are ignored when they are at the beginning of the data element and followed by a space, comma, or forward slash and at the end of the data element and preceded by a space, comma, or forward slash

  JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

7.5.2 INS Segment usage

If the Last Name submitted in the 270 request does not match the Last Name in Delta Dental of California's Eligibility System whereas the Normalized Last Name matches Delta Dental's Eligibility System, an INS segment is returned with the corrected Last Name in the NM1 segment.

7.6   Patient Relation

A 270 request can contain Subscriber Request (2100C Loop) and Dependent Request (2100D Loop). For a Subscriber request, Subscriber ID, Last Name and Date of Birth (or First Name) is required. For a dependent request, Subscriber ID is required along with the Dependent First Name, Last Name and DOB.

7.7   HIPAA Service Types

7.7.1 Benefit Levels (2110C/2110D loop)

The 2110C (for Subscriber patient) or 2110D (for Dependent patient) loop is used to request/respond with Eligibility and Benefit information for the requested patient.

- Coverage Status and Type (EB01=1 for Active or 6 for Inactive)
  The first 2110C/D loop describes Coverage status (active or inactive), coverage level (e.g. Member Only, Member and Spouse, etc.) and plan description (e.g. Delta Premier). Note: If a member is terminated, this is the only 2110C/D loop and EB segment required.
- The EB segments for Co-Insurance (EB01=A), Co-Payment (EB01=B), Deductibles (EB01=C), Benefit Descriptions (EB01=D), Exclusions (EB01=E), and Maximums and Limitations (EB01=F) allow for specification of the benefit amount relative to the network participation of the service provider.

- The EB12 element will contain a "Y", "N", or "W to indicate "in-network", "out-of-network" or "both" respectively.
- If benefit amounts differ for in-network and out-of-network providers, there will be two or more benefit description EB segments for each benefit class.
- If in-network benefits are tiered, EB12 should be set to "Y" and a REF segment should be included where REF01="N6" and REF02="01" for Delta Dental Premier, "20" for Delta Dental PPO, or "ZZ" for other. If REF02="ZZ" then REF03 should contain a text string to describe the network.

Non-Supported service types - If Delta Dental of California receives 270 requests for non-supported service types, the 271 response is as follows-

i. AL- Vision (Optometry): 2110C/2110D EB01: V (Cannot Process)
ii. For all other non-supported service types: 2110C/2110D EB01: I (Not Covered)

7.7.2 Service Type Code Requests (270 2110C/2110D EQ01)

Delta Dental of California will support the following Service Type Codes (please see table below).

Codes 4-41 are standard 5010 Service Type Codes.

Codes beginning with an "E" have been assigned to the service types recommended by NDEDIC and approved by the ASC X12 Code Committee but there is no defined path to activate these codes with the 5010 270/271 transaction sets. Delta Dental of California will support 'E' Service Type Codes for this implementation.

For Service Code Type = 35 (Dental Care), Delta Dental of California will respond with all service types associated with the patient's benefit package.

Delta Dental of California will support one or more Service Type Code requests other than 35 (single or multiple Service Type Code requests).

Heath Care Service Type Code	Definition
5	Diagnostic Lab
7	Anesthesia
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
35	Dental Care
36	Dental Crowns
38	Orthodontics

40	Oral Surgery
41	Preventive Dental
EA	Diagnostic Imaging
EB	Fixed Prosthodontics
EC	Removable Prosthodontics
ED	Intraoral Images – Complete Series
EE	Oral Evaluation
EF	Dental Prophylaxis
EG	Panoramic Images
EH	Sealants
EI	Fluoride Treatments
EJ	Dental Implants
EK	Temporomandibular Joint Dysfunction

7.7.3 Procedure Code Requests (270 2110C/2110D EQ02)

Delta Dental will support standard CDT Procedure Code requests.

Delta Dental of California will allow one or more CDT Procedure Code requests (single or multiple CDT Procedure Code requests).

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Only one response will be sent for each 270 request that is submitted – a TA1, a 999, a 271, or a proprietary error message. There are no specific reports regarding the 270/271 transactions available to Trading Partners.

270 Eligibility Requests submitted to Delta Dental must be HIPAA compliant.

8.1 Custom Message

Custom error messages will be sent only when the ISA segment of the 270 request cannot be read, making it impossible to formulate an ISA segment for a 271 response. Trading Partners may contact Delta Dental of California for assistance should they receive the following custom error:

"We are unable to process your request. Please correct the EDI error and resubmit the request".

8.2 999

Delta Dental will issue a 999 Acknowledgment for Health Care Insurance (005010X231) when a 270 request (Real Time) fails validation of WEDI SNIP Type 1-5 HIPAA edits. Delta Dental does not return positive acknowledgments for successful 270 requests (the 271 acts as the acknowledgment).

The purpose of the 999 Acknowledgment (Reject) is to identify critical errors within the 270 request based on the ASC X12N 270 (version 005010X279A1) Technical Report Type 3 guide. The submitter should review the 999 to determine what errors occurred.

8.3   TA1

The TA1 Interchange Acknowledgement is used by the 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or specific requirements of the ISA/IEA Interchange segments.

A 5010A1 TA1 may be returned if one of the following conditions exists:
- A 270 request is received and the version of the transmission cannot be determined.
- A 270 request is received and the version of the transmission is unsupported by the 270/271 application. This includes previously accepted versions that are no longer supported.
- The Trading Partner has not been authorized for the submitted X12 version.

8.4   271

When the 270 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 271 response is returned to the Trading Partner. If no error exists, the Dental Beneficiary eligibility data will be returned within the 271 response.

The AAA error segment is utilized within the 271 response to communicate error conditions based on CORE rules.

9   TRADING PARTNER AGREEMENTS

All trading partners, clearinghouses, and providers that connect directly to Delta Dental of California will be sent the applicable agreement during the enrollment period.

9.1   TRADING PARTNERS

An EDI Trading Partner is defined as any Delta Dental of California customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Delta Dental of California.

10   TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IG's) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Delta Dental of California has something additional, over and above, the information in the IGs. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Delta Dental of California

In addition to the row for each segment, one or more additional rows are used to describe Delta Dental of California's usage for composite and simple data elements and for any other information.

10.1   270 Eligibility, Coverage or Benefit Inquiry

This section describes the values required by Delta Dental of California in the 270 eligibility request transaction. Any segments or elements not referenced in the following tables should be sent on the 270 as per the TR3.

10.1.1   Information Source Level Structures

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
63	Header	BHT	Beginning of Hierarchical Transaction		
63		BHT01	Hierarchical Structure Code	0022	NA
64		BHT02	Transaction Set Purpose Code	13	
64		BHT03	Reference Identification		Identifier received in the BHT03 of the Corresponding 270 transactions.
	2100A	NM1	Information Source Name		
		NM101	Entity Identifier Code	PR	
		NM102	Entity Type Qualifier	2	
		NM103	Name Last or Organization Name		Delta Dental plan name Possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York Delta Dental of Puerto Rico DeltaCare USA AARP
		NM108	Identification Code Qualifier	PI	
		NM109	Identification Code		Two-character plan code

					Possible values:
					For Delta Dental of California: CA
					For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV
					For Delta Dental of Delaware: DE
					For Delta Dental of West Virginia: WV
					For Delta Dental District of Columbia: DC
					For Delta Dental of Pennsylvania: PA or MD
					For Delta Dental of New York: NY
					For Delta Dental of Puerto Rico: PR
					For DeltaCare USA: PM
					For AARP: AP

10.1.2 Information Receiver Level Structures

Trading Partners that submit transactions on behalf of the Provider must ensure that the correct, valid, and active Provider identification is submitted as the Information Receiver. Only National Provider Identifier (NPI) numbers are accepted.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2100B	NM1	Information Receiver Name		
75		NM101	Entity Identifier Code	1P	
75		NM102	Entity Type Qualifier	1 or 2	
77		NM108	Identification Code Qualifier	XX	
78		NM109	Information Receiver Identification Number		Health Care Financing Administration National Provider Identifier.
	2100B	REF	Information Receiver Additional Identification		Use to receive DeltaCare Facility PCP information for plan ID 'PM' requests only.
79		REF01	Reference Identification Qualifier	1J	
80		REF02	Reference Identification		DeltaCare Facility ID

10.1.3 Subscriber Level Structures

Trading Partners must ensure that only one Dental Beneficiary request is submitted in the Subscriber Level for each transaction.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000C	TRN	Subscriber Trace Number		Trace Number(s) will be returned in the 271 response if received unless AAA response is generated in either the Information Source or Information Receiver level.
	2100C	NM1	Subscriber Name		
		NM103	Name Last or Organization Name		Required when the subscriber is the Patient
		NM104	Name First	1 or 2	Required when the subscriber is the patient
		NM108	Identification Code Qualifier	MI	Required regardless of the patient
		NM109	Information Receiver Identification Number		Required regardless of the patient
	2100C	REF			Group Number (qualifier '6P') will be utilized in locating the patient's coverage if received. Patient Account Number (qualifier 'EJ') will be returned in the 271 response if received unless AAA response is generated in either the Information Source or Information Receiver level.
		REF01	Reference Identification Qualifier	6P, EJ	For qualifier '6P' reference identification: send Group Number assigned by Delta Dental. Format: GGGGG-DDDDD where: GGGGG = Group Number, can have a maximum of 5 characters DDDDD = Division Number, can have a maximum of 5 characters
	2100C	DMG	Subscriber Demographic Information		Required when the subscriber is the patient

		DMG01	Date Time Period Format Qualifier	D8	
	2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
		EQ01	Service Type Code	5,7, 23,24,25, 26,27,28, 35,36,37, 38,39,40, 41,EA,EB,EC, ED,EF,EG, EH,EI,EJ,EK	Please refer to 7.7.2 For Service Code Type = 35 (Dental Care), Delta Dental of California will respond with all service types associated with the patient's benefit package. Delta Dental of California will support one or more Service Type Code requests other than 35 (single or multiple Service Type Code requests). EQ01 will only be sent if EQ02 is not sent.
		EQ02	Procedure Code	D0100, D0101, D8000, etc.	Please refer to Section 7.7.3 Delta Dental will support standard CDT Procedure Code requests. Delta Dental of California will allow one or more CDT Procedure Code requests (single or multiple CDT Procedure Code requests). EQ02 will only be sent if EQ01 is not sent.

10.1.1 Dependent Level Structures

Trading Partners must ensure that only one Dependent request is submitted in the Dependent Level for each transaction.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000D	HL	Dependent Level		
		HL03	Hierarchical Level Code	23	
		HL04	Hierarchical Child Code	0	
	2000D	TRN	Dependent Trace Number		Trace Number(s) will be returned in the 271

					response if received unless AAA response is generated in either the Information Source or Information Receiver level.
2100D	NM1		Dependent Name		
		NM101	Entity Identifier Code	03	
		NM102	Entity Type Qualifier	1	
		NM103	Name Last or Organization Name		Required when the Dependent is the Patient
		NM104	Name First	1 or 2	Required when the Dependent is the Patient
2100D	REF				Patient Account Number will be returned in the 271 response if received unless AAA response is generated in either the Information Source or Information Receiver level.
		REF01	Reference Identification Qualifier	EJ	
2100D	DMG		Dependent Demographic Information		Required when the Dependent is the patient
		DMG01	Date Time Period Format Qualifier	D8	
2110D	EQ		Dependent Eligibility or Benefit Inquiry		
		EQ01	Service Type Code	5,7, 23,24,25, 26,27,28, 35,36,37, 38,39,40, 41, EA,EB,EC, ED,EF,EG, EH,EI,EJ,EK	Please refer to 7.7.2 For Service Code Type = 35 (Dental Care), Delta Dental of California will respond with all service types associated with the patient's benefit package. Delta Dental of California will support one or more Service Type Code requests other than 35 (single or multiple Service Type Code requests).

					EQ01 will only be sent if EQ02 is not sent.
		EQ02	Standard CDT Procedure Code	D0100, D0101, D8000, etc.	Please refer to Section 7.7.3 Delta Dental will support standard CDT Procedure Code requests. Delta Dental of California will allow one or more CDT Procedure Code requests (single or multiple CDT Procedure Code requests). EQ02 will only be sent if EQ01 is not sent.

10.2   271 Eligibility Response Transaction

This section describes the values returned by Delta Dental in the 271 eligibility response transaction. The following tables describe the utilization of segments and elements when there is a type of uniqueness or restriction. All other values comply with the TR3.

Header and Information Source

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
63	Header	BHT	Beginning of Hierarchical Transaction		
63		BHT01	Hierarchical Structure Code	0022	NA
64		BHT02	Transaction Set Purpose Code	11	
64		BHT03	Reference Identification		Identifier received in the BHT03 of the Corresponding 270 transactions.
	2000A	HL	Information Source Level		
		HL03	Hierarchical Level Code	20	
		HL04	Hierarchical Child Code	0,1	
	2000A	AAA	Request Validation		
		AAA01	Yes/No Condition or Response Code	Y	
		AAA03	Reject Reason Code	42	
		AAA04	Follow-up Action Code	R	

	2100A	NM1	Information Source Name		
		NM101	Entity Identifier Code	PR	
		NM102	Entity Type Qualifier	2	
		NM103	Name Last or Organization Name		Delta Dental plan name possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York Delta Dental of Puerto Rico DeltaCare USA AARP
		NM108	Identification Code Qualifier	PI	
		NM109	Identification Code		Two-character plan code Possible values: For Delta Dental of California: CA For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV For Delta Dental of Delaware: DE For Delta Dental of West Virginia: WV For Delta Dental District of Columbia: DC For Delta Dental of Pennsylvania: PA or MD For Delta Dental of New York: NY For Delta Dental of Puerto Rico: PR For DeltaCare USA: PM For AARP: AP

	2100A	PER	Information Source Contact Information		
		PER01	Contact Function Code	IC	
		PER03	Communication Number Qualifier	TE	

Information Receiver

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000B	HL	Information Receiver Level		
		HL03	Hierarchical Level Code	21	
		HL04	Hierarchical Child Code	0,1	
	2100B	NM1	Information Receiver Name		
		NM101	Entity Identifier Code	1P	
		NM102	Entity Type Qualifier	1,2	
		NM108	Identification Code Qualifier	XX	
		NM109	Identification Code	Health Care Financing Administration National Provider Identifier	
	2100B	AAA	Information Receiver Request Validation		Possible scenarios: 1. Privacy restriction applies for the patient 2. Eligibility/Benefits information is suppressed (i.e., Request from groups, Eligibility/Benefits data issues)
		AAA01	Yes/No Condition or Response Code	Y	
		AAA03	Reject Reason Code	41	
		AAA04	Follow-up Action Code	N	

Subscriber Demographic Data

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes

2000C	HL		Subscriber Level		
		HL03	Hierarchical Level Code	21	
		HL04	Hierarchical Child Code	0,1	
2100B	NM1		Information Receiver Name		
		NM101	Entity Identifier Code	1P	
		NM102	Entity Type Qualifier	1,2	
		NM108	Identification Code Qualifier	XX	
		NM109	Identification Code	Health Care Financing Administration National Provider Identifier	
2100B	AAA		Information Receiver Request Validation		Possible scenarios: 1. Privacy restriction applies for the patient 2. Eligibility/Benefits information is suppressed (i.e., Request from groups, Eligibility/Benefits data issues)
		AAA01	Yes/No Condition or Response Code	Y	
		AAA03	Reject Reason Code	41	
		AAA04	Follow-up Action Code	N	
2000C	HL		Subscriber Level		
		HL03	Hierarchical Level Code	22	
		HL04	Hierarchical Child Code	0,1	
2000C	TRN		Subscriber Trace Number		Subscriber Trace Number(s) received in the TRN of the corresponding 270 transaction
		TRN01	Trace Type Code	2	
2100C			Loop Subscriber Name		For Active/Inactive coverage responses (where EB01 is '1' or '6'): Subscriber Name, ID, DOB, and Address from Delta Dental's system are sent, regardless of the patient, except when the

					Dependent is the patient and a privacy restriction is in place for the Subscriber.
	2100C	NM1	Subscriber Name		
		NM101	Entity Identifier Code	IL	
		NM102	Entity Type Qualifier	1	
		NM108	Identification Code Qualifier	MI	
	2100C	REF	Subscriber Additional Identification		Group Number (qualifier '6P'): For Active Coverage responses (where EB01 is '1'), Group Number and Name from Delta Dental's system are sent, regardless of the patient. Format: GGGGG-DDDDD where: GGGGG = Group Number, can have a maximum of 5 characters DDDDD = Division Number, can have a maximum of 5 characters Examples: SMK-1601, HFHK-2900, 1221-3333, 12341-334, 0035-0115 Patient Account Number (qualifier 'EJ'): Subscriber Patient Account Number received in the REF segment of the corresponding 270 transaction.
		REF01	Reference Identification Qualifier	6P,EJ	
	2100C	AAA	Subscriber Request Validation		
		AAA01	Yes/No Condition or Response Code	Y	
		AAA03	Reject Reason Code	58,73,75,76,78	
		AAA04	Follow-up Action Code	C	
	2100C	DMG	Subscriber Demographic Information		
		DMG01	Date Time Period Format Qualifier	D8	
	2100C	INS	Subscriber Relationship		

		INS01	Yes/No Condition or Response Code	N	
		INS02	Individual Relationship Code	18	
		INS03	Maintenance Type Code	001	INS03 and INS04 are populated when the Subscriber match is not found in Eligibility system using the submitted name and Normalized Name is used for the retrieving the Information.
		INS04	Maintenance Reason Code	25	
	2100C	DTP	Subscriber Date		
		DTP01	Date/Time Qualifier	291,307	
		DTP02	Date Time Period Format Qualifier	D8,RD8	

Subscriber Eligibility or Benefit Information

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2110C	EB	Subscriber Eligibility or Benefit Information		1st EB segment (1st 2110C loop): Active Coverage for requested patient through a Group Policy for a Delta Dental Premier plan EB*1*EMP*35*GP*Delta Dental PPO~ Inactive Coverage for requested patient EB*6**35~ Succeeding EB segments (Succeeding 2110D loops) for active coverage
		EB01	Eligibility or Benefit Information Code	1,6,A,B,C,D,E or F	• 1 (Active Coverage) • 6 (Inactive) • A (Co-Insurance) • B (Co-Payment) • C (Deductible) • D (Benefits Description) • E (Exclusion) • F (Limitations)

		EB02	Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	
		EB03	Service Type Code	4,5,7,23, 24,25,26,27,28 ,36, 37,38,39,40,41 EA,EB,EC,ED,E F,EG,EH,EI,EJ,E K	Please refer to Section 7.7.2
		EB04	Insurance Type Code	GP or OT	"GP" for DDIC Constant value "OT" for CPP. Mapped in 1st EB segment for Active Coverage
		EB06	Time Period Qualifier	22, 23, 25, 29, 32 or 33	22 (service year) 23 (calendar year) 25 (contract) 29 (remaining) 32 (lifetime) 33 (lifetime remaining)
		EB07	Monetary Amount		If Co-Pay is not percentage. Maximums/Deductibles and Remaining Maximums/Deductibles
		EB08	Percentage as Decimal		If Percentage is returned.
		EB09	Quantity Qualifier	S7, S8, DY, MN, YY	- S7 (age, maximum value) - S8 (age, minimum value) - DY (days) - MN (months) - YY (years)
		EB10	Quantity		Waiting Period or Age Limit
		EB12	Network Type	Y/N or W	PPO is Y Premier is Y Non Par is N In Network is Y Out of network is N

		EB13-1		AD	American Dental Associated Code
		EB13-2		D0100, D0101, D8000, etc.	Standard CDT Procedure Code
	2110C	HSD	Health Care Service Delivery		This segment will only be populated when EB01=F
		HSD01	Quantity Qualifier	VS	VS (Visits)
		HSD02	Quantity	1, 3, 5 etc.	Number of visits
		HSD05	Time Period Qualifier	22, 23, 25, 27, 34 or 33	• 22 (Service Year) • 23 (Calendar Year) • 25 (Contract) • 27 (Visit) • 34 (Month) • 33 (Lifetime)
		HSD06	Number of Periods	6, 12 etc.	The number of periods
		REF			This Segment is populated only for PPO and Premier
		REF01	Reference Identification Qualifier	N6	
		REF02	Reference Identification	01,20,ZZ	'20' (Participating Provider Organization) '01' (Premier) "ZZ" (Other)
		REF03	Description		Name of custom provider network Used only if REF02 = "ZZ"
		DTP	Subscriber Date		
		DTP01	Date/Time Qualifier	304	304 – Last Service Date
		DTP02	Date Time Period Format Qualifier	D8,RD8	
		MSG			MSG*URL=https%3A%2F%2Fwww.deltadentalins.com~ MSG*CopayException=TOA~ URL or Co-Insurance exception The URL, if sent, will contain the link to Delta Dental website. The Co-Insurance exception is sent for some coverage's when it is not possible to send the Co-insurance Information in EB08.

					URL format: 'URL='+Encoded URL Examples: URL=https%3A%2F%2Fwww.deltadentalins.com This URL, which may be sent for Delta Dental active coverage responses, contains the link to Delta Dental website. Co-Insurance exception format: 'CopayException='+exception text Example: CopayException =TOA When EB01=F, this segment can be used to transmit tooth codes specific to any procedure.
		MSG01	Free-form Message Text		
	2120C	NM1	Subscriber Benefit Related Entity Name		Used to return Primary Care Provider information for DeltaCare requests (plan ID – 'PM')
330		NM101	Entity Identifier Code	P3	
331		NM102	Entity Type Qualifier	2	
331		NM103	Name Last or Organization Name		PCP Facility Name
332		NM108	Identification Code Qualifier	FA	
333		NM109	Identification Code		PCP Facility ID

Dependent Eligibility or Benefit Information

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000D	HL	Dependent Level		
		HL03	Hierarchical Level Code	23	
		HL04	Hierarchical Child Code	0	
		TRN			Dependent Trace Number(s) received in the TRN of the corresponding 270 transaction.
		TRN01	Trace Type Code	2	

2100D	NM	Loop Dependent Data		For Active/Inactive coverage responses (where EB01 is '1' or '6'): Dependent Name, DOB, and Address from Delta Dental's systems are sent.
2100D	NM1	Dependent Name		
	NM101	Entity Identifier Code	03	
	NM102	Entity Type Qualifier	1	
2100D	REF			Dependent Patient Account Number (qualifier 'EJ') received in the REF segment of the corresponding 270 Transaction unless AAA is generated in 2000A, 2100A or 2100B.
2100D	AAA	Dependent Request Validation		
	AAA01	Yes/No Condition or Response Code	Y	
	AAA03	Reject Reason Code	58,65 and 67	
	AAA04	Follow-up Action Code	C	
	DMG	Dependent Demographic Information		
	DMG01	Date Time Period Format Qualifier	DB	
	INS	Dependent Relationship		
	INS01	Yes/No Condition or Response Code	N	
	INS02	Individual Relationship Code	01, 19 or G8	
	INS03	Maintenance Type Code	001	INS03 and INS04 are populated when the dependent match is not found in Eligibility system using the submitted name and Normalized Name is used for the retrieving the Information.
	INS04	Maintenance Reason Code	25	
	DTP	Dependent Date		
	DTP01	Date/Time Qualifier	291, 356, 357	1st EB segment, 307.
	DTP02	Date Time Period Format Qualifier	D8,RD8	1st EB segment, D8.

		DTP03	Date Time Period		Coverage Period Start Date – Accumulation period start date Coverage Period End Date – Accumulation period end date Accumulation period that applies to the individual annual maximum value that is being sent in the response
2110D	EB		Dependent Eligibility or Benefit Information		1st EB segment (1st 2110D loop): Active Coverage for requested patient through a Group Policy for a Delta Dental Premier plan EB*1*EMP*35*GP*Delta Dental PPO~ Inactive Coverage for requested patient EB*6**35~ Succeeding EB segments (Succeeding 2110D loops) for active coverage
		EB01	Eligibility or Benefit Information Code	1,6,A,B,C,D,E or F	• 1 (Active Coverage) • 6 (Inactive) • A (Co-Insurance) • B (Co-Payment) • C (Deductible) • D (Benefits Description) • E (Exclusion) • F (Limitations)
		EB02	Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	
		EB03	Service Type Code	4,5,7,23, 24,25,26,27,28 ,36, 37,38,39,40,41 EA,EB,EC,ED,E F,EG,EH,EI,EJ,E K	Please refer to Section 7.7.2

	EB04	Insurance Type Code	GP or OT	"GP" for DDIC Constant value "OT" for CPP. Mapped in 1st EB segment for Active Coverage
	EB06	Time Period Qualifier	22, 23, 25, 29, 32 or 33	• 22 (service year) • 23 (calendar year) • 25 (contract) • 29 (remaining) • 32 (lifetime) • 33 (lifetime remaining)
	EB07	Monetary Amount		If Co-Pay is not percentage. Maximums/Deductibles and Remaining Maximums/Deductibles
	EB08	Percentage as Decimal		If Percentage is returned.
	EB09	Quantity Qualifier	S7, S8, DY, MN, YY	• S7 (age, maximum value) • S8 (age, minimum value) • DY (days) • MN (months) • YY (years)
	EB10	Quantity		Waiting Period or Age Limit
	EB12	Network Type	Y/N or W	PPO is Y Premier is Y Non Par is N In Network is Y Out of network is N
	EB13-1		AD	American Dental Associated Code
	EB13-2		D0100, D0101, D8000, etc.	Standard CDT Procedure Code
2110D	HSD	Health Care Service Delivery		This segment will only be populated when EB01=F
	HSD01	Quantity Qualifier	VS	VS (Visits)
	HSD02	Quantity	1, 3, 5 etc.	Number of visits
	HSD05	Time Period Qualifier	22, 23, 25, 27, 34 or 33	• 22 (Service Year) • 23 (Calendar Year) • 25 (Contract) • 27 (Visit) • 34 (Month) • 33 (Lifetime)

		HSD06	Number of Periods	6, 12 etc.	The number of periods
		REF			This Segment is populated only for PPO and Premier
		REF01	Reference Identification Qualifier	N6	
		REF02	Reference Identification	01,20,ZZ	'20' (Participating Provider Organization) '01' (Premier) "ZZ" (Other)
		REF03	Description		Name of custom provider network Used only if REF02 = "ZZ"
		DTP	Dependent Eligibility/Benefit Date		
		DTP01	Date/Time Qualifier	304	304 – Last Service Date
		DTP02	Date Time Period Format Qualifier	D8,RD8	
	2100D	MSG			MSG*URL=https%3A%2F%2Fwww.deltadentalins.com~ MSG*CopayException=TOA~ URL or Co-Insurance exception The URL, if sent, will contain the link to Delta Dental website. The Co-Insurance exception is sent for some coverage's when it is not possible to send the Co-insurance information in EB08.
		MSG01			URL format: 'URL='+Encoded URL Examples: URL=https%3A%2F%2Fwww.deltadentalins.com This URL, which may be sent for Delta Dental active coverage responses, contains the link to Delta Dental website. Co-Insurance exception format: 'CopayException='+exception text Example: CopayException=TOA

					When EB01=F, this segment can be used to transmit tooth codes specific to any procedure.
	2120D	NM1	Dependent Benefit Related Entity Name		Used to return Primary Care Provider information for DeltaCare requests (plan ID – 'PM')
433		NM101	Entity Identifier Code	P3	
434		NM102	Entity Type Qualifier	2	
434		NM103	Name Last or Organization Name		PCP Facility Name
435		NM108	Identification Code Qualifier	FA	
436		NM109	Identification Code		PCP Facility ID

11   APPENDICES

This section contains one or more appendices.

11.1   EDI 270 Example Segments:

Benefit Scenarios	Segment Example	Description/Comments
Full Benefits Request		
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ*35~	Request for complete dental care benefits
Specific Service Type Request		
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ*36~	Request for dental crowns benefits
Specific Procedure Request		
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ**AD:D8020	Request for procedure D8020
Multiple Service Type Request		
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ*36^38^EF~	Request for dental crowns, orthodontics and dental prophylaxis benefits
Multiple Procedure Request		
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ**AD:D8020	
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ**AD:D0210	
Subscriber Eligibility or Benefit Inquiry - 2110C	EQ**AD:D2980	Request for procedure D8020, D0210 and D2980

11.2   EDI 271 Example Segments:

Benefit Scenarios	Segment Example	Description/Comments
Co-insurance at Service Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*A**23*****.1****Y~	10% patient pays co-insurance for service type 23 for in-network
Subscriber Additional Identification - 2110C	REF*N6*20~	Plan identifier for Delta Dental PPO network
Co-insurance at Procedure Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*A*******.1****N*AD:D2642~	10% patient pays co-insurance for procedure D2642 for out of network
Co-insurance at Service Level with Custom Provider Network		
Subscriber Eligibility or Benefit Information - 2110C	EB*A**23*****.1****Y~	10% patient pays co-insurance for service type 23 for in-network
Subscriber Additional Identification - 2110C	REF*N6*ZZ*Delta Dental NY Select~	Plan identifier for custom network – "Delta Dental NY Select"
Co-insurance at Service Level with TOA		
Subscriber Eligibility or Benefit Information - 2110C	EB*D**26*********Y~	Benefit coverage for service type 26 for in-network
Subscriber Additional Identification - 2110C	REF*N6*01~	Plan identifier for Delta Dental Premier network
Message Text - 2110C	MSG*CopayException=TOA~	"TOA" benefit coverage
Co-insurance at Procedure Level with TOA		
Subscriber Eligibility or Benefit Information - 2110C	EB*D***********Y*AD:D2642~	Benefit coverage for procedure D2642 for in-network
Subscriber Additional Identification - 2110C	REF*N6*20~	Plan identifier for Delta Dental PPO network
Message Text - 2110C	MSG*CopayException=TOA~	"TOA" benefit coverage
Waiting Period at Service Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*E**36******MN*6~	6 month waiting period for service type 36
Waiting Period at Procedure Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*E********MN*6*** AD:D2642~	6 month waiting period for procedure D2642
Deductible Exemption Flag at Service Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*C**23****0*****Y~	Deductible does not apply for service type 23 for in-network
Subscriber Additional Identification - 2110C	REF*N6*20~	Plan identifier for Delta Dental PPO network
Deductible Exemption Flag at Procedure Level		

Subscriber Eligibility or Benefit Information - 2110C	EB*C******0*****Y*AD:D2642~	Deductible does not apply for procedure D2642 for in-network
Subscriber Additional Identification - 2110C	REF*N6*01~	Plan identifier for Delta Dental Premier network
Limitation at Procedure Level		
Subscriber Eligibility or Benefit Information - 2110C	EB*F********S7*18**AD:D2642~	Limitation for procedure D2642 for under 18 years of age
Health Care Service Delivery - 2110C	HSD*VS*1***34*6~	1 visit per 6 months
Subscriber Eligibility/Benefit Date - 2110C	DTP*304*D8*20150601~	Last service date June 1st 2015
Company URL		
Subscriber Eligibility or Benefit Information - 2110C	EB*1*FAM*35*GP*DELTA DENTAL PPO~	Member has family coverage under Delta Dental PPO plan
Message Text - 2110C	MSG*URL=http%3A%2F%2Fdeltadentalins.com~	Company URL
Message Text - 2110C	MSG*Link=Click Here For Support~	Hyperlink text
Dependent Age Limitation		
Subscriber Eligibility or Benefit Information - 2110C	EB*F*CHD*******S7*26~	Dependent maximum age of 26
Student Age Limitation		
Subscriber Eligibility or Benefit Information - 2110C	EB*F*DEP*******S7*26~	Student maximum age of 26

11.3   Implementation Checklist

For existing Trading Partners, we will perform the following on-boarding process steps.
- Review of Delta's 27X Companion Guides
- Trading Partner Validation (TPV) includes:
  - Connectivity testing in MOT environment
  - Content testing in MOT environment to validate 27X specifications.
- Production implementation includes the following
  - Connectivity testing in PROD environment
  - Content testing in PROD environment to validate 27X specifications.

11.4   Business Scenarios

- Supported Request Type
  1. Dental Health Benefit Plan Coverage
  2. Health Plans (Information Source)
  - Delta Dental of California
  - Delta Dental Insurance Company
  - Delta Dental of Delaware
  - Delta Dental of West Virginia
  - Delta Dental District of Columbia
  - Delta Dental of Pennsylvania
  - Delta Dental of New York
  - Delta Dental of Puerto Rico
  - DeltaCare USA
  - AARP

- Implementation Mode
Real-Time usage

- NPI Mode
NPI-Only

- HIPAA Validation
SNIP levels 1 and 2 HIPAA validation will be followed.

11.5   Transmission Examples

Sample 270 Eligibility Request Transactions
To be provided to each Trading Partners as part of on-boarding process.

Sample 271 Eligibility Response
To be provided to each Trading Partners as part of on-boarding process.

11.6   Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Delta Dental of California and its providers. Typical question would involve a discussion about code sets and their effective dates.

11.7   Change Summary

Document Revision History.

Version	Date	Description of Changes
0.1	03-04-2013	Initial Draft
0.2	03-12-2013	Changes suggested by Dick
0.3	03-15-2013	Updates suggested by Compliance
0.5	03-19-2013	Final updates after meetings with Bern and Dick
0.7	3-20-2013	Updated changes suggested by Earl & Dick
2.0	3-21-2013	Final updates
2.2	10-25-2016	NDEDIC Top50 Updates – DRAFT
2.3	11-03-2016	NDEDIC Top50 Updates – DRAFT
2.4	11-04-2016	Tooth Codes NDEDIC Top50 Updates – DRAFT
2.5	09-25-2019	NDEDIC Top50 Updates – FINAL
2.6	02-08-2022	Custom Provider Network Mapping – Final
2.7	10-31-2023	DeltaCare PCP Information - Final