



Dental Work Group EDI Tip

Save Valuable Time with the 270 Eligibility, Coverage or Benefit Inquiry

In the past, when doctors and dentists needed to know a patient's insurance benefit coverage, they called the payer and usually got only simple yes/no answers. Since the advent of EDI, providers have the option of using the 270/271 eligibility & benefits inquiry. With the 270, a provider can request information about a policy's coverage for a specific plan subscriber. The payer then sends the provider a 271 transaction outlining the coverage and benefits for that individual. Depending on the provider's request, the information returned can be as simple as determining if the patient has coverage, or as detailed as co-pays and remaining amounts on deductibles. Using the 270 transaction can greatly reduce the amount of time administrative staff spend on the phone with insurance companies determining patients' coverage and financial responsibilities.