

Eligibility and Benefit Inquiry (270) and Eligibility and Benefit Response (271)

To determine if a patient is eligible for TRICARE benefits and provide additional claim information, providers can include the Eligibility and Benefit Inquiry (270) and the Eligibility and Benefit Response (271).



Many Electronic Records Management (ERM) and scheduling software applications are configurable to use 270 and 271 transactions.

Please review your application documentation and/or check with your vendor to see if your office already has this capability.

Benefits of exchanging 270 and 271 transactions:

- Cost efficiency: reduce the manual effort of contacting a call center and/or keying information online
- Increased speed: responses can be received in as little as five seconds
- Improved accuracy: reduce errors resulting from miscommunications and/or manual data entry

The 270 and 271 transactions were created and are maintained by the X12 organization. X12 is an Accredited Standards Committee (ASC) chartered by the American National Standards Institute (ANSI). Several X12 standards, including the 270 and 271, were adopted under HIPAA. Visit [X12](#) for more information.

For information about exchanging 270 and 271 transactions with TRICARE, visit [Electronic Data Interchange \(EDI\) provider resources](#).

