

**Electronic Eligibility and Benefits Tip Sheet  
Professional (Type-1)**

**How to use tip sheet:**

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. HCSC returns either Facility or Professional benefits, but not both.

**Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.**

Provider Benefit Information Needed (A)	Portal Drop Down Options	
	Place of Treatment / Service (B)	Type of Benefits Requested (C)
No Benefits but only Coverage/Eligibility information needed	Any Place of Treatment	General Benefits
<b>Physician Office Services / Outpatient Services</b>		
Additional Surgical Opinion	Outpatient Hospital	Surgical
Anesthesia, Outpatient	Office, Outpatient Hospital	Surgical
Assistant Surgeon, Outpatient	Office, Outpatient Hospital	Surgical
CAT Scan, Outpatient	Outpatient Hospital	Diagnostic Medical
	Office, Outpatient Hospital	MRI/CAT Scan
Chemotherapy (Malignant), Outpatient	Outpatient Hospital	Chemotherapy
Chemotherapy Drugs (Benign), Outpatient	Office, Outpatient Hospital	Chemotherapy
Chiropractic Service	Office	Chiropractic Office Visits
Consultation, Outpatient	Office, Outpatient Hospital	Consultation
Deep Malignant Radium/Radon Therapy, Outpatient	Office, Outpatient Hospital	Radiation Therapy
Diagnostic Medical Procedure (Diagnostic / Lab / X-ray), Outpatient	Office, Outpatient Hospital	Diagnostic Medical
	Office, Outpatient Hospital	Pediatric
	Office, Outpatient Hospital	Professional (Physician) Visit - Office
Hospital Visit, Outpatient	Office, Outpatient Hospital	Professional (Physician) Visit - Outpatient
	Outpatient Hospital	Hospital - Outpatient
	Outpatient Hospital	Health Benefit Plan Coverage
	Outpatient Hospital	Medical Care
	Office, Outpatient Hospital	Professional (Physician) Visit - Outpatient
Injections	Office, Outpatient Hospital	Pediatric
	Office, Outpatient Hospital	Professional (Physician) Visit - Office
Laboratory, Outpatient	Office, Outpatient Hospital, Unlisted Facility	Diagnostic Lab
	Office, Outpatient Hospital	Pediatric
	Office, Outpatient Hospital	Professional (Physician) Visit - Office
MRI, Outpatient	Office, Outpatient Hospital	MRI/CAT Scan
	Office, Outpatient Hospital	Diagnostic Medical
Office Visit	Office	Emergency Services
	Office	Medical Care
	Office	Health Benefit Plan Coverage
	Office	Pediatric
	Office	Podiatry
	Office	Podiatry - Office Visits
	Office	Professional (Physician) Visit - Office
Office Visit / Diagnostic Medical Procedure, Outpatient	Office	Pediatric
	Office	Professional (Physician) Visit - Office
Office Visit / Injections	Office	Pediatric
	Office	Professional (Physician) Visit - Office
Office Visit / Lab, Outpatient	Office	Pediatric
	Office	Professional (Physician) Visit - Office
Office Visit / Mechano Therapy, Outpatient	Office	Pediatric
	Office	Professional (Physician) Visit - Office
Office Visit / X-ray, Outpatient	Office	Pediatric
	Office	Professional (Physician) Visit - Office
Podiatric Surgery, Outpatient	Office, Outpatient Hospital	Podiatry
Routine Foot Care, Outpatient	Office, Outpatient Hospital	Podiatry
Surgery, Outpatient	Office, Outpatient Hospital	Pediatric
	Office, Outpatient Hospital	Professional (Physician) Visit - Office
	Office, Outpatient Hospital	Surgical
Surgical Opinion (Additional)	Office	Surgical
X-Ray, Outpatient	Office, Outpatient Hospital, Other Unlisted Facility	Diagnostic X-Ray
	Office, Outpatient Hospital	Pediatric
	Office, Outpatient Hospital	Professional (Physician) Visit - Office
	Outpatient Hospital	Diagnostic Medical
<b>Emergency Services</b>		
Emergency Accident Care	Office, Outpatient Hospital, Emergency Room - Hospital	Emergency Services
	Office, Outpatient Hospital, Emergency Room - Hospital	Hospital - Outpatient
	Office, Outpatient Hospital, Emergency Room - Hospital	Health Benefit Plan Coverage
	Office, Outpatient Hospital, Emergency Room - Hospital	Medical Care
Emergency Medical Care	Office, Outpatient Hospital, Emergency Room - Hospital	Emergency Services
	Office, Outpatient Hospital, Emergency Room - Hospital	Hospital - Outpatient
	Office, Outpatient Hospital, Emergency Room - Hospital	Health Benefit Plan Coverage
	Office, Outpatient Hospital, Emergency Room - Hospital	Medical Care
<b>Inpatient Services</b>		
Ambulance	Other Unlisted Facility	Licensed Ambulance
Anesthesia, Inpatient	Inpatient Hospital	Surgical
Assistant Surgeon, Inpatient	Inpatient Hospital	Surgical
CAT Scan, Inpatient	Inpatient Hospital	Diagnostic Medical
Chemotherapy (Malignant), Inpatient	Inpatient Hospital	Chemotherapy
Consultation, Inpatient	Inpatient Hospital	Consultation
Deep Malignant Radium/Radon Therapy, Inpatient	Inpatient Hospital	Radiation Therapy
Diagnostic Medical Procedure, Inpatient	Inpatient Hospital	Diagnostic Medical

**Electronic Eligibility and Benefits Tip Sheet  
Professional (Type-1)**

**How to use tip sheet:**

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. HCSC returns either Facility or Professional benefits, but not both.

**Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.**

Provider Benefit Information Needed (A)	Portal Drop Down Options	
	Place of Treatment / Service (B)	Type of Benefits Requested (C)
Hospital Visit, Inpatient	Inpatient Hospital	Hospital - Inpatient
	Inpatient Hospital	Health Benefit Plan Coverage
	Inpatient Hospital	Medical Care
Inpatient Hospital	Inpatient Hospital	Professional (Physician) Visit - Inpatient
Laboratory, Inpatient	Inpatient Hospital, Other Unlisted Facility	Diagnostic Lab
	Inpatient Hospital, Other Unlisted Facility	Diagnostic Medical
MRI, Inpatient	Inpatient Hospital	Diagnostic Medical
	Inpatient Hospital	MRI/CAT Scan
Podiatric Surgery, Inpatient	Inpatient Hospital	Podiatry
Routine Foot Care, Inpatient	Inpatient Hospital	Podiatry
Surgery, Inpatient	Inpatient Hospital	Surgical
X-Ray, Inpatient	Inpatient Hospital, Other Unlisted Facility	Diagnostic X-Ray
	Inpatient Hospital, Other Unlisted Facility	Diagnostic Medical
<b>Mental Health Services</b>		
Chemical Dependency / Subs Abuse (Day Visit)	Inpatient Hospital	Substance Abuse
Chemical Dependency / Subs Abuse (Night Visit)	Inpatient Hospital	Substance Abuse
Counseling - Bereavement	Office, Home, Inpatient Hospital, Outpatient Hospital, Other Unlisted	Hospice
Electroshock Therapy Anesthesia, Inpatient	Inpatient Hospital	Psychotherapy
	Inpatient Hospital	Substance Abuse
Electroshock Therapy Anesthesia, Outpatient	Office, Outpatient Hospital	Psychotherapy
	Office, Outpatient Hospital	Substance Abuse
Electroshock Therapy, Inpatient	Inpatient Hospital	Psychotherapy
	Inpatient Hospital	Substance Abuse
Electroshock Therapy, Outpatient	Office, Outpatient Hospital	Psychotherapy
	Office, Outpatient Hospital	Substance Abuse
Family Counseling Adult, Outpatient	Office, Outpatient Hospital	Psychiatric - Outpatient
	Office, Outpatient Hospital	Substance Abuse
Family Counseling Child, Outpatient	Office, Outpatient Hospital	Psychiatric - Outpatient
	Office, Outpatient Hospital	Substance Abuse
Group Psychotherapy, Inpatient	Inpatient Hospital	Psychiatric - Inpatient
	Office, Outpatient Hospital	Psychiatric - Outpatient
	Inpatient Hospital	Psychotherapy
	Inpatient Hospital	Substance Abuse
Group Psychotherapy, Outpatient	Office, Outpatient Hospital	Psychotherapy
	Office, Outpatient Hospital	Substance Abuse
Individual Psychotherapy, Inpatient	Inpatient Hospital	Substance Abuse
	Inpatient Hospital	Psychiatric - Inpatient
	Office, Outpatient Hospital	Psychiatric - Outpatient
	Inpatient Hospital	Psychotherapy
	Inpatient Hospital	Health Benefit Plan Coverage
	Inpatient Hospital	Medical Care
Individual Psychotherapy, Outpatient	Office, Outpatient Hospital	Psychotherapy
	Office, Outpatient Hospital	Medical Care
	Office, Outpatient Hospital	Health Benefit Plan Coverage
	Office, Outpatient Hospital	Substance Abuse
Mental Visit, Inpatient	Inpatient Hospital	Substance Abuse
Psychological Testing, Inpatient	Inpatient Hospital	Substance Abuse
	Inpatient Hospital	Psychiatric - Inpatient
Psychological Testing, Outpatient	Office, Outpatient Hospital	Substance Abuse
	Office, Outpatient Hospital	Psychiatric - Outpatient
<b>Home Health Services</b>		
Coordinated Home Care Visit	Home	Home Health Care
Extended Care Facility Visits	Inpatient Hospital	Skilled Nursing Care
Home Health Aide	Home	Home Health Care
Home Visit	Home	Home Health Care
Inpatient Hospice Visit	Inpatient Hospital	Hospice
Nursing Services, Outpatient	Outpatient Hospital, Other Unlisted Facility	Private Duty Nursing
<b>DME</b>		
Durable Medical Equipment (Replacement)	Office, Outpatient Hospital, Other Unlisted Facility	Durable Medical Equipment Purchase
Durable Medical Equipment Purchase, Inpatient	Inpatient Hospital	Durable Medical Equipment Purchase
Durable Medical Equipment Purchase, Outpatient	Office, Outpatient Hospital, Other Unlisted Facility	Durable Medical Equipment Purchase
Durable Medical Equipment Rental, Inpatient	Inpatient Hospital	Durable Medical Equipment Rental
Durable Medical Equipment Rental, Outpatient	Office, Outpatient Hospital, Other Unlisted Facility	Durable Medical Equipment Rental
<b>Maternity / Obstetrics Services</b>		
Laboratory, Outpatient	Office	Maternity
Newborn Care, Inpatient	Inpatient Hospital	Maternity
Obstetrical Normal, Member	Inpatient Hospital	Maternity
Obstetrical Normal, Spouse	Inpatient Hospital	Maternity
Office Visit	Office	Maternity
X-Ray, Outpatient	Office	Maternity
<b>Hearing Services</b>		
Hearing Test, Inpatient	Inpatient Hospital	Audiology Exam
Hearing Test, Outpatient	Office, Inpatient Hospital, Outpatient Hospital	Audiology Exam

**Electronic Eligibility and Benefits Tip Sheet  
Professional (Type-1)**

**How to use tip sheet:**

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. HCSC returns either Facility or Professional benefits, but not both.

**Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.**

Provider Benefit Information Needed (A)	Portal Drop Down Options	
	Place of Treatment / Service (B)	Type of Benefits Requested (C)
<b>Allergy Services</b>		
Allergy Testing, Outpatient	Office	Allergy Testing
Allergy Treatment - Well Care	Office	Allergy Testing
Allergy Treatment, Inpatient	Inpatient Hospital	Allergy Testing
Allergy Treatment, Outpatient	Office Visit	Allergy Testing
<b>Preventative / Well Care</b>		
HPV/Gardasil Immunization	Office, Outpatient Hospital	Immunizations
Immunizations, Outpatient	Office, Outpatient Hospital Outpatient Hospital	Immunizations Well Baby Care
Physical History, Outpatient	Office, Outpatient Hospital	Routine Physical
Preventive Care	Office, Outpatient Hospital	Routine Physical
Routine Breast Exam	Office, Outpatient Hospital	Routine Physical
Routine Diagnostic Medical Procedure	Office, Outpatient Hospital	Routine Physical
Routine Laboratory Test	Office, Outpatient Hospital	Routine Physical
Routine Mammogram	Office, Outpatient Hospital	Routine Physical
Routine Pap Smear	Office, Outpatient Hospital	Routine Physical
Routine Prostate Cancer Screening PSA Test	Office, Outpatient Hospital	Routine Physical
Routine X-ray Test	Office, Outpatient Hospital	Routine Physical
Well Baby/Immunizations, Outpatient	Office	Well Baby Care
Well Baby/Preventive Care	Office	Well Baby Care
Well Baby/Routine Diagnostic, Medical Procedure	Office	Well Baby Care
Well Baby/Routine Laboratory Test	Office	Well Baby Care
Well Baby/Routine X-ray Test	Office	Well Baby Care
Well Child Care - Newborn Thru Age 11	Office, Inpatient Hospital	Well Baby Care
WWE - Visit For Pap Smear/Mammogram	Office	Routine Physical
<b>Physical , Speech &amp; Occupational Therapy</b>		
Occupational Therapy, Inpatient	Inpatient Hospital	Occupational Therapy
Occupational Therapy, Outpatient	Office, Outpatient Hospital	Occupational Therapy
Physical/Mechano-Therapy, Inpatient	Inpatient Hospital	Physical Medicine
Physical/Mechano-Therapy, Outpatient	Office, Outpatient Hospital	Physical Medicine
Speech Therapy, Inpatient	Inpatient Hospital	Speech Therapy
Speech Therapy, Outpatient	Office, Outpatient Hospital	Speech Therapy
<b>Vision Services</b>		
Bifocal Vision Lens	Office, Outpatient Hospital	Vision (Optometry)
Contact Lens	Office, Outpatient Hospital	Vision (Optometry)
Glasses Frames	Office, Outpatient Hospital	Vision (Optometry)
Lenticular Lens	Office, Outpatient Hospital	Vision (Optometry)
Routine Vision Exam	Office, Outpatient Hospital Office, Outpatient Hospital	Routine Exam Vision (Optometry)
Routine Vision Test	Office, Outpatient Hospital Office, Outpatient Hospital	Routine Exam Vision (Optometry)
Single Vision Lens	Office, Outpatient Hospital	Vision (Optometry)
Trifocal Vision Lens	Office, Outpatient Hospital	Vision (Optometry)
<b>The services listed below are not available but are future enhancements. Please contact Provider Customer Service to inquire about these services: 1-800-451-0287</b>		
Acupuncture Treatment, Inpatient	Inpatient Hospital	Acupuncture
Acupuncture Treatment, Outpatient	Outpatient Hospital	Acupuncture
Additional Surgical Opinion	Office, Outpatient Hospital Office, Outpatient Hospital	Oral Surgery Second Surgical Opinion
Air Ambulance Base Rate	Other Unlisted Facility	Air Transportation
Anesthesia, Inpatient	Inpatient Hospital Inpatient Hospital Inpatient Hospital	Anesthesia Oral Surgery Anesthesiologist
Anesthesia, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital	Anesthesia Anesthesiologist Oral Surgery Oral Surgery Anesthesia Anesthesiologist
Artificial Insemination	Office, Outpatient Hospital Office, Inpatient Hospital, Outpatient Hospital	Infertility In-vitro Fertilization
Assistant Surgeon, Inpatient	Inpatient Hospital	Oral Surgery
Assistant Surgeon, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital Office, Outpatient Hospital	Oral Surgery Surgical Assistance Oral Surgery Surgical Assistance
Bifocal Vision Lens	Office, Outpatient Hospital	Lenses
Blood Derivatives, Inpatient	Inpatient Hospital	Blood Charges
Blood Derivatives, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital	Blood Charges Blood Charges
Contact Lens	Office, Outpatient Hospital	Lenses
Contraceptive Drugs - Oral - Brand Name	Office, Outpatient Hospital	Family Planning
Contraceptive Management	Office, Outpatient Hospital	Family Planning

**Electronic Eligibility and Benefits Tip Sheet  
Professional (Type-1)**

**How to use tip sheet:**

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. HCSC returns either Facility or Professional benefits, but not both.

**Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.**

Provider Benefit Information Needed (A)	Portal Drop Down Options	
	Place of Treatment / Service (B)	Type of Benefits Requested (C)
Coordinated Home Care (Physician Visit)	Home	Professional (Physician) Visit - Home
Coordinated Home Care Visit, Inpatient	Inpatient Hospital	Home Health Visits
Dialysis, Inpatient	Inpatient Hospital	Dialysis
Dialysis, Outpatient	Outpatient Hospital	Dialysis
Elective Abortion, Inpatient	Inpatient Hospital	Abortion
Elective Abortion, Outpatient	Outpatient Hospital	Abortion
Elective Sterilization, Inpatient	Inpatient Hospital	Family Planning
Elective Sterilization, Outpatient	Office, Outpatient Hospital	Family Planning
Emergency Accident Care	Office, Outpatient Hospital, Emergency Room - Hospital Office, Outpatient Hospital, Emergency Room - Hospital	Hospital Hospital - Emergency Accident
Emergency Medical Care	Office, Outpatient Hospital, Emergency Room - Hospital Office, Outpatient Hospital, Emergency Room - Hospital	Hospital Hospital - Emergency Medical
Family Counseling Adult, Outpatient	Office, Outpatient Hospital	Psychiatric
Family Counseling Child, Outpatient	Office, Outpatient Hospital	Psychiatric
Glasses Frames	Office, Outpatient Hospital	Frames
Group Psychotherapy, Inpatient	Office, Outpatient Hospital	Psychiatric
Group Psychotherapy, Outpatient	Office, Outpatient Hospital	Psychiatric
Home Health Aide, Inpatient	Inpatient Hospital, Other Unlisted Facility	Home Health Visits
Hospital Visit, Inpatient	Inpatient Hospital	Hospital
Hospital Visit, Outpatient	Outpatient Hospital	Hospital
Individual Psychotherapy, Inpatient	Inpatient Hospital Inpatient Hospital	Psychiatric Hospital
Individual Psychotherapy, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital	Psychiatric Hospital
Inhalation Therapy, Inpatient	Inpatient Hospital	Inhalation Therapy
Inhalation Therapy, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital	Inhalation Therapy Inhalation Therapy
In-Vitro Fertilization	Office, Outpatient Hospital Office, Inpatient Hospital, Outpatient Hospital	Infertility In-vitro Fertilization
Lenticular Lens	Office, Outpatient Hospital	Lenses
Office Visit	Office	Hospital
Organ Transplant	Outpatient Hospital Inpatient Hospital	Transplants Transplants
Orthotics, Inpatient	Inpatient Hospital	Prosthetic Device
Orthotics, Outpatient	Office, Outpatient Hospital	Prosthetic Device
Pathology, Inpatient	Inpatient Hospital	Pathology
Pathology, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital	Pathology Pathology
Prosthetics, Inpatient	Inpatient Hospital	Prosthetic Device
Prosthetics, Outpatient	Office, Outpatient Hospital	Prosthetic Device
Psychological Testing, Outpatient	Office, Outpatient Hospital	Psychiatric
Single Vision Lens	Office, Outpatient Hospital	Lenses
Sterilization Medically Necessary, Inpatient	Inpatient Hospital	Family Planning
Sterilization Medically Necessary, Outpatient	Office, Outpatient Hospital	Family Planning
Surgery, Inpatient	Inpatient Hospital	Oral Surgery
Surgery, Outpatient	Office, Outpatient Hospital Office, Outpatient Hospital	Oral Surgery Oral Surgery
Surgical Opinion (Additional)	Office, Outpatient Hospital Office, Outpatient Hospital	Oral Surgery Second Surgical Opinion
Therapeutic Abortion, Inpatient	Inpatient Hospital	Abortion
Therapeutic Abortion, Outpatient	Outpatient Hospital	Abortion
Trifocal Vision Lens	Office, Outpatient Hospital	Lenses