BlueCross BlueShield of Montana

OBSTETRICAL & GYNECOLOGY (OB/GYN)

Using Availity® Portal

270 – Benefit / Service Type = OB/GYN

(E&B Addendum)

Additional Benefit Options:

The table below lists the common Benefit/Service Types utilized by OB/GYN providers.

Benefit Type	*Availity Return*
Inquiry (270)	**Response (271)**
Place of Treatment – INPATIENT	
Maternity	• Complicated Obstetrical • Normal Obstetrical
Place of Treatment – OFFICE	
Maternity	• Office Visit • Laboratory • X-ray (Ultrasound and Sonograms)
Physician Visit: Office – Sick	• Office Visit • Injections • Laboratory • Diagnostic Medical Procedure • X-ray • Surgical
Physician Visit: Office – Well	• Physical History • Routine Affordable Care X-ray • Routine X-ray • Routine Diagnostic Medical Procedure • Routine Lab Test • Routine Mammogram • Preventative Diagnostic Mammogram • Routine Pap Smear • Routine Clinical Breast Exam
Immunizations	• Immunizations • Immunization Administration Fee • Shingles Immunization • Gardasil Immunization

Have questions or need additional education? Email the Provider eBusiness Consultants at pecs@bcbsmt.com

Be sure to include your name, direct contact information & Tax ID or Billing NPI.

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