

HRSA COVID-19 Uninsured Program 837P 5010A1 and 837I 5010A2 Health Care Claim: Companion Guide

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Contents

Purpose of this document	3
Intended Audience	3
Inbound Transactions Supported	4
Response Transactions Supported	4
Validation Specifications	4
Specific Business Rules and Limitations	5
837 Professional Claim Transaction Specifications	5
837 Institutional Claim Transaction Specifications	7
X12 Example	8

Purpose of this Document

Provide guidance associated to EDI claim submission under the HRSA COVID-19 Uninsured Program.

For EDI claim submissions to the HRSA COVID-19 Uninsured Program, claims need to be submitted with the uninsured individual identified as Subscriber.

Uninsured individual as Subscriber—when the uninsured individual has received COVID-19 testing or treatment for a COVID-19 diagnosis, the claim is submitted with the uninsured individual represented as the Subscriber. The Subscriber ID must be submitted as the Temporary Member ID.

This guidance is specific to the X12 claim submission processes impacted by the HRSA COVID-19 Uninsured Program. This is not intended to encompass all the X12 TR3 transactional guide elements. This companion guide also does not provide guidance on claim billing and coding procedures. All X12 standards and requirements will apply to the HRSA COVID-19 Uninsured Program claim submission process unless otherwise noted below.

Intended Audience

The intended audience for this document is the provider's billing office to ensure the uninsured individual setup follows the suggested guidance to support the EDI Submission process for uninsured claims. When setting up an uninsured individual, use the Temporary Member ID as the Subscriber ID. Use the uninsured individual's address when provided. In the event the uninsured individual does not have a home address, enter the billing provider's address (Street, City, State and Zip Code) as the default.

Payer ID 95964 has been established for the COVID19 HRSA Uninsured Testing and Treatment Fund Payer. For setup of this new payer, please utilize the following Payer Name and Address:

COVID19 HRSA Uninsured Testing and Treatment Fund
UnitedHealth Group, Attention: CARES Act Provider Relief Fund
PO Box 31376, Salt Lake City, UT 84131-0376

If you do not have a solution to support electronic claims submission via X12, below are some EDI vendors that can assist.

- Availity is a full service clearinghouse. More information can be found at: [availity.com/](https://www.availity.com/)
- Change Healthcare is a health care technology company that offers software, analytics, network solutions, and technology-enabled services to help create a stronger, more collaborative health care system. More information can be found at: [changehealthcare.com/](https://www.changehealthcare.com/)
- Optum intelligentEDI provides Direct Data Entry submission to all 95964 COVID19 HRSA Uninsured Testing and Treatment Fund payers. To register for this service: optumprovider.optum.com/uit/PreAuthenticatedLink.jsf?tile=req

Inbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 837 health care claim transactions that will be supported as part of the HRSA COVID-19 Uninsured Program.

X12 File Type	File Name	Purpose	Source
837P	837 Professional Health Care Claim ASC X12N 837 (005010X222A1)	837 Professional Health Care HRSA COVID-19 Uninsured Program	Trading Partner
837I	837 Institutional Health Care Claim ASC X12N 837 (005010X223A2)	837 Institutional Health Care HRSA COVID-19 Uninsured Program	Trading Partner

Response Transactions Supported

This section is intended to identify the response transactions supported by the HRSA COVID-19 Uninsured Program.

X12 File Type	File Name	Purpose	Source
999	Functional Acknowledgment	Acknowledgment to verify the syntactical accuracy of the file (accept, reject, or accepted with errors)	HRSA COVID-19 Uninsured Program Clearinghouse Partner
277CA	Claims Acknowledgment	Provides a claim level acknowledgment for all claims received	HRSA COVID-19 Uninsured Program Clearinghouse Partner

Validation Specifications

Initial validation is conducted at a batch level. If the batch file is not syntactically valid, the submitter will need to resubmit the corrected batch in its entirety.

Secondary validation is conducted at a claim level. If claims are rejected on the claim level validation, the submitter will need to rebuild the corrected claims in a new batch and submit the new batch for validation.

Validation specific to the HRSA COVID-19 Uninsured Program will also be conducted at the claim level. Claims which are not coded with the appropriate COVID-19 codes will be rejected and cannot be submitted through this submission method.

Do not resubmit the same batch after making the claim level corrections as this will cause any claims that have passed validation from the previous submission to duplicate in the system.

Specific Business Rules and Limitations

Required fields, field properties (i.e., numeric, alpha numeric, length) and usage guidance research can be found below in the Claim Transaction Specifications sections.

The 837P and 837I vary slightly in their required fields. Take note of the claim transaction types you will be submitting to the HRSA COVID-19 Uninsured Program submission process and account for the submission requirements respective to each claim type.

Because the uninsured individual is setup as the Subscriber, the specifications below include the 2000B and 2000BA Loops. **DO NOT** send the patient loops (2000C and 2010CA) within the Uninsured claim transaction.

Claims that indicate other insurance information associated to the uninsured individual will be rejected. Uninsured individuals who have health care coverage are not eligible for this program.

The Benefit Assignment Certification Indicator must be set to Y (Yes) indicating the uninsured individual has assigned the benefits to the provider. Any other value will result in a rejected claim.

*Please note: Individual claims cannot exceed 400 SVC segments. Please split a single claim that contains more than 400 SVC segments into multiple claims. In the event a claim is received with greater than 400 SVC Segments, a rejection in the 277CA will be sent with a Category Code of A7 (Acknowledgment/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.), Status Code 512 (Length invalid for receiver's application system) and Entity Code of PR (Payer).

837 Professional Claim Transaction Specifications

Seg	Data Element	Name	Usage	Min / Max Length	Alpha / Numeric	Comments
LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL						
HL	HL01	Hierarchical ID Number	R	1/12	AN	
	HL02	Hierarchical Parent ID Number	R	1/12	AN	
	HL03	Hierarchical Level Code	R	1/2	ID	22 =Subscriber
	HL04	Hierarchical Child Code	R	1/1	ID	
SBR	SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	P = Primary
	SBR02	Individual Relationship Code	R	2/2	ID	18 = Self
	SBR03	GROUP NUMBER	O	1/50	AN	
	SBR04	GROUP NAME	O	1/60	AN	
	SBR05	CLAIM FILING INDICATOR	O	1/3	ID	
	SBR09	INSURANCE TYPE CODE	S	1/2	ID	
PAT	PAT05	CLAIM FILING INDICATOR	O	2/3	ID	Required if patient is known to be deceased
	PAT06	DATE TIME PERIOD QUALIFIER	S	1/35	AN	Required if patient is known to be deceased
	PAT07	DATE TIME PERIOD	S	2/2	ID	01 = Actual Pounds (for DME Claims)
	PAT08	UNITED OR BASES FOR MEASUREMENT CODE	S	1/10	R	(for DME Claims)
	PAT09	WEIGHT	S	1/1	ID	(Pregnancy Indicator)

LOOP 2010BA - SUBSCRIBER NAME						
NM1	NM101	ENTITY IDENTIFIER CODE	R	2/3	ID	IL
	NM102	ENTITY TYPE QUALIFIER	R	1/1	ID	1=Person
	NM103	NAME LAST OR ORGANIZATION NAME	R	1/60	AN	
	NM104	NAME FIRST	R	1/35	AN	Required for all Uninsured Claims as Subscriber must always be a Person
	NM105	NAME MIDDLE	O	1/25	AN	
	NM107	NAME SUFFIX	O	1/10	AN	
	NM108	IDENTIFICATION CODE QUALIFIER	R	1/2	ID	MI = Member Identification Number
	NM109	IDENTIFICATION CODE	R	2/80	AN	Required for all Uninsured Claims - Temporary Member ID
N3	N301	ADDRESS INFORMATION	R	1/55	AN	Please provide Billing Provider Street Address as Default if the Patient does not have an address
	N302	ADDRESS INFORMATION	S	1/55	AN	
N4	N401	CITY NAME	R	2/30	AN	Please provide Billing Provider City as Default if the Patient does not have an address
	N402	STATE OR PROVINCE CODE	R	2/2	ID	Please provide Billing Provider State as Default if the Patient does not have an address
	N403	POSTAL CODE	R	3/15	ID	Please provide Billing Provider Zip Code as Default if the Patient does not have an address
	N404	COUNTRY CODE	S			
	N407	COUNTRY SUBDIVISION CODE	S			
DMG	DMG01	DATE TIME FORMAT QUALIFIER	R	2/3	ID	D8
	DMG02	DATE TIME PERIOD	R	1/35	AN	Subscriber Date of Birth
	DMG03	GENDER CODE	R	1/1	ID	F = FEMALE, M = Male, U = UNKNOWN
REF	REF01	REFERENCE IDENTIFICATION QUALIFIER	S	2/3	ID	DO NOT USE; SSN IS ONLY OPTION
	REF02	REFERENCE IDENTIFICATION	S	1/50	AN	DO NOT USE; SSN IS ONLY OPTION
LOOP 2010BB - PAYER NAME						
NM1	NM101	Entity Identifier Code	R	2/3	ID	PR = Payer
	NM102	Entity Type Qualifier	R	1/1	ID	2 = Non-Person Entity
	NM103	Name Last or Organization Name	R	1/60	AN	COVID19 HRSA Uninsured Testing and Treatment Fund
	NM108	Identification Code Qualifier	R	1/2	ID	PI = Payer Identification
	NM109	Identification Code	R	2/80	AN	Payer Identifier 95964

837 Institutional Claim Transaction Specifications

Seg	Data Element	Name	Usage	Min / Max Length	Alpha / Numeric	Comments
LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL						
HL	HL01	Hierarchical ID Number	R	1/12	AN	
	HL02	Hierarchical Parent ID Number	R	1/12	AN	
	HL03	Hierarchical Level Code	R	1/2	ID	22 =Subscriber
	HL04	Hierarchical Child Code	R	1/1	ID	
SBR	SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	P = Primary
	SBR02	Individual Relationship Code	R	2/2	ID	18 = Self
	SBR03	GROUP NUMBER	O	1/50	AN	
	SBR04	GROUP NAME	O	1/60	AN	
LOOP 2010BA - SUBSCRIBER NAME						
NM1	NM101	ENTITY IDENTIFIER CODE	R	2/3	ID	IL
	NM102	ENTITY TYPE QUALIFIER	R	1/1	ID	1=Person
	NM103	NAME LAST OR ORGANIZATION NAME	R	1/60	AN	
	NM104	NAME FIRST	R	1/35	AN	Required for all Uninsured Claims as Subscriber must always be a Person
	NM105	NAME MIDDLE	O	1/25	AN	
	NM107	NAME SUFFIX	O	1/10	AN	
	NM108	IDENTIFICATION CODE QUALIFIER	R	1/2	ID	MI = Member Identification Number
	NM109	IDENTIFICATION CODE	R	2/80	AN	Required for all Uninsured Claims - Temporary Member ID
N3	N301	ADDRESS INFORMATION	R	1/55	AN	Please provide Billing Provider Street Address as Default if the Patient does not have an address
	N302	ADDRESS INFORMATION	S	1/55	AN	
N4	N401	CITY NAME	R	2/30	AN	Please provide Billing Provider City as Default if the Patient does not have an address
	N402	STATE OR PROVINCE CODE	R	2/2	ID	Please provide Billing Provider State as Default if the Patient does not have an address
	N403	POSTAL CODE	R	3/15	ID	Please provide Billing Provider Zip Code as Default if the Patient does not have an address
	N404	COUNTRY CODE	S			
	N407	COUNTRY SUBDIVISION CODE	S			

DMG	DMG01	DATE TIME FORMAT QUALIFIER	R	2/3	ID	D8
	DMG02	DATE TIME PERIOD	R	1/35	AN	Subscriber Date of Birth
	DMG03	GENDER CODE	R	1/1	ID	F = FEMALE, M = Male, U = UNKNOWN
REF	REF01	REFERENCE IDENTIFICATION QUALIFIER	S	2/3	ID	DO NOT USE; SSN IS ONLY OPTION
	REF02	REFERENCE IDENTIFICATION	S	1/50	AN	DO NOT USE; SSN IS ONLY OPTION
LOOP 2010BB - PAYER NAME						
NM1	NM101	Entity Identifier Code	R	2/3	ID	PR = Payer
	NM102	Entity Type Qualifier	R	1/1	ID	2 = Non-Person Entity
	NM103	Name Last or Organization Name	R	1/60	AN	COVID19 HRSA Uninsured Testing and Treatment Fund
	NM108	Identification Code Qualifier	R	1/2	ID	PI = Payer Identification
	NM109	Identification Code	R	2/80	AN	Payer Identifier 95964

X12 Example

ISA*00* *00* *30*999999999 *30*TESTHOSP *191114*0749*^*00501*000000759*0*P*:~
GS*HC*999999999*0A*20200430*0749*759*X*005010X222A1~
ST*837*000000759*005010XX222A1~
BHT*0019*00*759*20200430*0749*CH~
NM1*41*2*OPTUMINSIGHT*****46*999999999~
PER*IC*EDI SUPPORT*TE*5088363663~
NM1*40*2*IEDI*****46*Z0000560~
HL*1**20*1~
NM1*85*2*OPTUMINSIGHT*****XX*1234567893~
N3*2910 JEFFERSON ST*STE 100~
N4*SMALLVILLE*KS*920082357~
REF*EI*999999999~
NM1*87*2~
N3*PO BOX 12345~
N4*SMALLVILLE*KS*900844842~
HL*2*1*22*0~
SBR*P*18*H880070*****CI~
NM1*IL*1*DOE*JOHN*L***MI*123456789~
N3*1218 MAIN ST~

N4*HOMETOWN*ZZ*99999999~
DMG*D8*19801119*M~
NM1*PR*2* COVID19 HRSA UNINSURED TESTING AND TREATMENT FUND*****PI*95964~
N3*PO BOX 749075~
N4*DALLAS*TX*753749075~
CLM*151749*164.00***11:B:1*Y*A*Y*Y~
DTP*431*D8*20200430~
HI*ABK: U071*ABF:M5126~
NM1*82*1*SMITH*SALLY*D***XX*1234567893~
PRV*PE*PXC*363AM0700X~
NM1*77*2*SALLY SMITH MD*****XX*1234567893~
N3*2910 JEFFERSON ST*STE 100~
N4*BIG CITY*WI*530332357~
LX*1~
SV1*HC:86769*164.00*UN*1.0***1:2~
DTP*472*RD8*20200430-20200503~
SE*34*000000759~
GE*1*759~
IEA*1*000000759~