

HRSA COVID-19 Uninsured Program 276/277 Health Care Claim Status Request and Response: Companion Guide

June 2020 – Version 2

Reimbursement applies to eligible claims, as determined by HRSA (subject to adjustment as may be necessary), for dates of service or admittance delivered on or after February 4, 2020, subject to available funding; see details at COVIDUninsuredClaim.HRSA.gov. Terms and conditions will apply. Content subject to change.

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Purpose of this Document

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

For EDI health care claim status request submissions to the HRSA COVID-19 Uninsured Program, claim status requests need to be submitted with the uninsured individual identified as Subscriber. The Subscriber ID must be submitted as the Temporary Member ID.

This guidance is specific to the X12 claim status inquiry and response 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 health care claim status request submission process for uninsured claims. Following the same guidance provided on claims, when submitting claim status requests for an uninsured individual, use the Temporary Member ID as the Subscriber ID. The Subscriber ID submitted on the 276 Claim Status Request transaction MUST BE the same Subscriber ID that was submitted on the claim.

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

Inbound Transactions Supported

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

X12 File Type	File Name	Purpose	Source
276	276 Health Care Claim Status Request ASC X12N 276 (005010X212)	276 Claim Status Request HRSA CODIV-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
TA1	Interchange Acknowledgment	TA1 will be generated when errors occur within the outer envelope	HRSA COVID-19 Uninsured Program Clearinghouse Partner
999	Functional Acknowledgement	999 will be generated when errors occur during 276 compliance validation	HRSA COVID-19 Uninsured Program Clearinghouse Partner
277	277 Health Care Claim Status Response ASC X12N 277 (005010X212)	Provides a claim level adjudication status for claims received by COVID19 HRSA Uninsured Testing and Treatment Fund	HRSA COVID-19 Uninsured Program Clearinghouse Partner

Validation Specifications

Validation is conducted for each real-time transaction. If the request is not syntactically valid, the submitter will need to resubmit the corrected claims status request in its entirety. Please follow the instructions within the 277 STC segment for information on whether resubmission is allowed or what data corrections need to be made for a successful response.

Specific Business Rules and Limitations

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

Because the patient is setup as the Insured, the specifications below include the 2000D Loops and not the 2000E Loops. **DO NOT** send the dependent loop (2000E) within the uninsured claim status transaction. The 276 claim status request transaction **MUST** contain the same Subscriber ID that was submitted on the claim.

For real-time 276 requests, submit:

- One claim inquiry within each ST/SE transaction set request
- One occurrence of the 2000A, 2000B, 2000C, 2100C, 2000D, 2200D
 - A TRN segment is required in the 2200D loop. A 999 will be issued if the TRN segment is not included.
 - The REF segments in the 2200D loop are optional. If included in the 276 request, they may be used in the claim status search.

Normal business hours: Monday – Friday, 5 a.m. to 9 p.m. CST

Weekend hours: Saturday – Sunday, 5 a.m. to 6 p.m. CST (exceptions may occur)

Subscriber Date of Birth Requirements:

- The subscriber date of birth is required for the HRSA COVID-19 Uninsured Program 276 claim status request. If the 276 request does not have the subscriber date of birth, the transaction will reject for the entity’s date of birth. The 277 response will have STC*D0:21*20200514*****D0:158:QC. The 276 request will need to be resubmitted with the subscriber’s date of birth in order for the claim status request to process.

Service Date Requirements:

- If claim level from and to date(s) are submitted in the 276 request, these are the date(s) that will be used when searching for claims.
- If the claim level from and to date(s) are not submitted in the 276 Request, the date or range of dates used when searching for claims will be derived from the service line information received in the 276 Request.
- If service dates are not submitted in the 276 request at the claim or service line level, the 276 transaction will reject for invalid dates of service. The 277 will have STC*E0:187. The 276 will need to be resubmitted with date(s) at the claim or service line level.
- If the 276 request submitted has a “from” or “to” date at the claim or service line level that is a future date, the 276 transaction will reject for invalid dates of service. The 277 will have STC*D0:187. The 276 will need to be corrected and resubmitted for processing.
- If the service “from” date is older than 18 months, the request will reject for invalid dates of service. The 277 will have STC*D0:187. The 276 will need to be corrected and resubmitted for processing.
- If the difference between the “from” date and “to” date submitted on the 276 request is greater than 31 days, the system will reduce the range to 31 days by reducing the “to” date.

276 Claim Status Request Transaction Specifications

Seg	Data Element	Name	Usage	Min / Max Length	Alpha / Numeric	Comments
LOOP 2000D – 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

LOOP 2000B - INFORMATION RECEIVER 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	21 = Information Receiver
	HL04	Hierarchical Child Code	R	1/1	ID	
LOOP 2100B - RECEIVER NAME						
NM1	NM101	ENTITY IDENTIFIER CODE	R	2/3	ID	41 = Submitter
	NM102	ENTITY TYPE QUALIFIER	R	1/1	ID	1 = Person 2 = Non-Person Entity
	NM103	NAME LAST OR ORGANIZATION NAME	O	1/60	AN	
	NM104	NAME FIRST	O	1/35	AN	
	NM105	NAME MIDDLE	O	1/25	AN	
	NM107	NAME SUFFIX	O	1/10	AN	
	NM108	IDENTIFICATION CODE QUALIFIER	R	1/2	ID	46 = Electronic Transmitter Identification Number (ETIN)
	NM109	IDENTIFICATION CODE	R	2/80	AN	Information Receiver Identification Number
LOOP 2000C - SERVICE PROVIDER 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	19 = Provider of Service
	HL04	Hierarchical Child Code	R	1/1	ID	

LOOP 2100C - PROVIDER NAME						
NM1	NM101	ENTITY IDENTIFIER CODE	R	2/3	ID	1P = Provider
	NM102	ENTITY TYPE QUALIFIER	R	1/1	ID	1 = Person 2 = Non-Person Entity
	NM103	NAME LAST OR ORGANIZATION NAME	O	1/60	AN	
	NM104	NAME FIRST	O	1/35	AN	
	NM105	NAME MIDDLE	O	1/25	AN	
	NM107	NAME SUFFIX	O	1/10	AN	
	NM108	IDENTIFICATION CODE QUALIFIER	R	1/2	ID	FI = Federal Taxpayer's Identification Number SV = Service Provider Number XX = National Provider Identifier
	NM109	IDENTIFICATION CODE	R	2/80	AN	Provider Identifier
LOOP 2000D - 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	
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

LOOP 2100D - SUBSCRIBER NAME						
NM1	NM101	ENTITY IDENTIFIER CODE	R	2/3	ID	IL = Insured or Subscriber
	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)
LOOP 2200D - CLAIM STATUS TRACKING NUMBER						
TRN	TRN01	TRACE TYPE CODE	R	1/2	ID	1 = Trace Type Code
	TRN02	REFERENCE IDENTIFICATION	R	1/50	AN	Current Transaction Trace Numbers
REF	REF01	REFERENCE IDENTIFICATION QUALIFIER	O	2/3	ID	1K = Payer's Control Number
	REF02	REFERENCE IDENTIFICATION	O	1/50	AN	Payer Claim Control Number
REF	REF01	REFERENCE IDENTIFICATION QUALIFIER	O	2/3	ID	EJ = Patient Account Number
	REF02	REFERENCE IDENTIFICATION	O	1/50	AN	Patient Control Number
AMT	AMT01	AMOUNT QUALIFIER CODE	O	1/3	ID	T3 = Total Submitted Charges
	AMT02	MONETARY AMOUNT	O	1/18	R	Total Claim Charge Amount

DTP	DTP01	DATE/TIME QUALIFIER	O	3/3	ID	472 = Service
	DTP02	DATE/TIME PERIOD FORMAT QUALIFIER	O	2/3	ID	D8 = Single Date RD8 = Date Range
	DTP03	DATE/TIME PERIOD	RO	1/35	AN	Claim Service Period
LOOP 2210D - SERVICE LINE INFORMATION						
SVC	SVC01-1	PRODUCT/SERVICE IDENTIFICATION QUALIFIER	O	2/2	ID	
	SVC01 - 2	PRODUCT/SERVICE ID	O	1/48	AN	Procedure Code
REF	REF01	REFERENCE IDENTIFICATION QUALIFIER	O	2/3	ID	FJ = Line Item Control Number
	REF02	REFERENCE IDENTIFICATION	O	1/50	AN	Line Item Control Number
DTP	DTP01	DATE/TIME QUALIFIER	R	3/3	ID	472 = Service
	DTP02	DATE/TIME PERIOD FORMAT QUALIFIER	R	2/3	ID	D8 = Single Date RD8 = Date Range
	DTP03	DATE/TIME PERIOD	R	1/35	AN	Service Line Date

X12 Example

ISA*00* *00* *ZZ*999999999 *ZZ*TESTHOSP
*200501*1318*^*00501*000000001*1*P*:

GS*HR*999999999*123456*20200501*1318*1*X*005010X212

ST*276*0001*005010X212

BHT*0010*13*000000003*20200501*1318

HL*1**20*1

NM1*PR*2*COVID19 HRSA UNINSURED TESTING AND TREATMENT FUND*****PI*95964

HL*2*1*21*1

NM1*41*2*SALLY SMITH MD*****46*987654321

HL*3*2*19*1

NM1*1P*1*SMITH*SALLY****XX*1234567893

HL*4*3*22*0

DMG*D8*19801119*M

NM1*IL*1*DOE*JOHN*L***MI*123456789

TRN*1*A0B1C234D567E

DTP*472*D8*20200425

SE*13*0001

GE*1*1

IEA*1*000000001

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