UnitedHealthcare®
Oxford

Standard Companion Guide

Refers to the Implementation Guide Based On ASC X12 Version 005010X212 Health Care Claim Status Request and Response (276/277)

Companion Guide Version Number: 1.0

October 2010

UnitedHealthcare
Oxford

Change Log

Version	*Release date*	*Changes*
0.1	10/14/2010	Initial Creation
0.2	11/16/2010	Updated BK review comments
0.3	12/16/2010	Updated whole document (formatting per CORE)
0.4	01/05/11	Updated section 6.
0.5	06/22/11	Update to section 6 pg 16 Dependent Loop clarification

Preface

This companion guide (CG) to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with OHP Health Plans (OHP). Transactions based on this companion guide, used in tandem with the TR3, also called 276/277 Health Care Claim Status Request and Response ASC X12N (005010X212), are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right hand page.

UnitedHealthcare Oxford

Table of Contents

1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3), also called 276/277 Health Care Claim Status Request and Response ASC X12N (005010X212), adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealthcare Oxford Health Plans (OHP) has something additional, over and above, the information in the TR3. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with OHP

In addition to the row for each segment, one or more additional rows are used to describe OHP's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that OHP has something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

TR3 Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
56	**2100D**	**NM1**	**Subscriber Name**			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
57	2100D	NM104	Last Name or Organization Name		**60**	This type of row exists to limit the length of the specified data element.
62	**2200D**	**REF**	**Group Number**			
62	2100C	REF01	Reference Identification Qualifier	**6P**		This is the only code accepted by OHP as per the Implementation Guide
65	**2200D**	**REF**	**Claim Identification Number For Clearinghouses And Other Transmission**			This row illustrates how to indicate a component data element in the Reference column and also how to

			Intermediaries			specify that only one code value is applicable.
65	**2200D**	**REF01**	Reference Identification qualifier	**D9**		Claim Number

1.1. SCOPE

This document is to be used for the implementation of the Technical Report Type 3 (TR3) HIPAA 5010 276/277 Health Care Claim Status Request and Response for the purpose of submitting claims inquiries electronically. This companion guide (CG) is not intended to replace the TR3.

1.2. OVERVIEW

This CG will replace, in total, the previous OHP CG versions for 276/277 Health Care Claim Status Request and Response and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing claims inquiries transactions that meet OHP processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide will occur periodically and new documents will be posted on www.OxfordHealth.com; these updates will also be available at http://www.uniprise.com/hipaa/companion_docs.html and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to implementation.

In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 276/277 Health Care Claim Status Request and Response ASC X12N (005010X212) and to purchase copies of the TR3 documents, consult the Washington Publishing Company web site at http://www.wpc-edi.com

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data

Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

This companion guide complies to Council for Affordable Health Care (CAQH) is seeking to simplify healthcare administration. CAQH through CORE, (Committee on Operating Rules for Information Exchange) a voluntary organization comprised of providers, health plans, vendors and clearinghouses, has developed industry rules. These rules seek to increase interoperability between health plans and providers to reduce administrative costs. The rules are being release in phases. CORE has defined methods for connecting to a health plan, details of the connectivity methods can be found on CAQH's website http://www.CAQH.org.

2. GETTING STARTED

2.1. WORKING WITH OHP

OHP is partnered with **Ingenix Connectivity Solutions (ICS)** to streamline EDI workflow processes and reduce transaction costs. Ingenix offers a secure, easy-to-use path to virtually all commercial and government payers. For more information about Ingenix solutions and services, visit www.ingenix.com or call 888-445-8745.

Oxford Direct-Connect powered by Post-N-Track allows you to submit HIPAA transactions directly to OHP free of charge.

OHP has a support call center for all EDI inquiries and issues triaging. Contact **OHP Provider e-solutions Customer Support** at 1-800-599-4334 or email to EDIProviderAssistance@oxhp.com.

Ingenix is acting as the CORE connectivity proxy for OHP. If you wish to connect to OHP using CORE connectivity or other connection methods that Ingenix offers please contact your Ingenix HIN account manager. If you do not have an Ingenix HIN Account Manager, please contact Ingenix HIN Sales Team at (800) 341- 6141 option 3 for more information. Ingenix HIN currently supports Phase I and Phase II CORE connectivity methods.

2.2. TRADING PARTNER REGISTRATION

Post-n-Track:

To register with Post-n-Track for OHP's Claim Status Request and Response transaction visit www.post-n-track.com or call 860-257-2030.

CAQH CORE Connectivity or Other Connection Method with Ingenix:

Ingenix HIN is acting as a CORE connectivity proxy for OHP. If you wish to connect to OHP using CORE Connectivity or another connection method please contact your Ingenix HIN account manager. If you do not have an Ingenix HIN Account Manager, please contact Ingenix HIN Sales Team at (800) 341- 6141 option 3 for more information.

For Ingenix visit www.ingenix.com or call 888-445-8745.

2.3. CERTIFICATION AND TESTING OVERVIEW

OHP is currently seeking CORE Phase I and Phase II certification. UnitedHealth Group signed the CORE Phase I and Phase II pledge on Oct. 15th 2010.

2.4. TESTING WITH THE OHP

The Claim Status Request and Response transaction and does not result in any data changing upon completion therefore test transactions (ISA15 value of “P”) with production data can be sent to our production environment without any negative impact

The ISA15 value must be “P” for production.

Post-n-Track:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing. Contact information provided in section 2.2.

CAQH CORE Connectivity or Other Connection Method with Ingenix:

Ingenix HIN is acting as a CORE connectivity proxy for OHP Claim Status Request and Response for testing connectivity and test transactions please work with Ingenix HIN. Contact information provided in section 2.2.

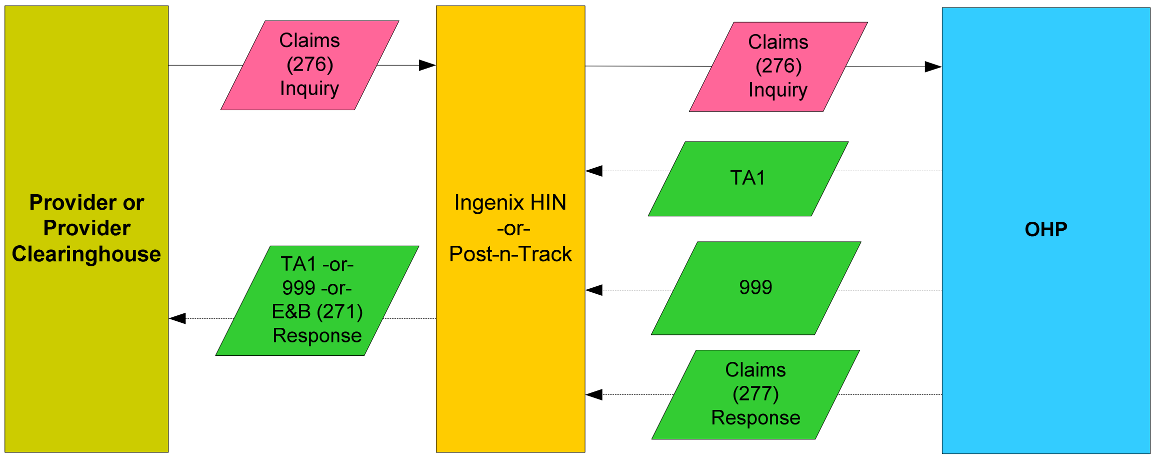
3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

3.1. PROCESS FLOWS

Real-time Claim Status Request and Response:

The response to a real-time claim status transaction will consist of:

1. First level response - TA1 will be generated when errors occur within the envelope.
2. Second level response - 999 if the submitted 276 failed compliance checks.
3. Third level response - 277 response indicating the claims status OR STC segment indicating the nature of the error.



Each transaction is validated to ensure that the 276 complies with the 005010X212. Transactions which fail this compliance check will generate a real-time 999 message back to the sender with an error message indicating that there was a compliance error. Transactions that pass compliance checks, but failed to process (e.g. due to member / provider not being found) will generate a real-time 277 response transaction including an STC 01 (D0, E) segment indicating the nature of the error. Transactions that pass compliance checks and have do not generate STC 01 (D0, or E0, /508/Entity) segment indicating the nature of the error. See the list in sec 10.5

3.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

OHP currently only supports real time transactions for the Claim Status Request and Response transaction.

3.3. RE-TRANSMISSION PROCEDURE

Please follow the instructions within the 277 STC 01 (D0, E) data segment for information on whether resubmission is allowed or what data corrections need to be made in order for a successful response.

3.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Post-n-Track:

Physicians and Healthcare professionals should contact Post-n-Track for more information on the supported communication protocols. Contact information provided in section 2.2.

CAQH CORE Connectivity or Other Connection Method with Ingenix:

Ingenix HIN is acting as a CORE connectivity proxy for OHP Claim Status Request and Response transactions for specific questions regarding the CORE connectivity communication protocols or other connectivity methods please contact Ingenix HIN. Contact information provided in section 2.2.

3.5. PASSWORDS

For sections 3.2 – 3.5 contact OHP Provider e-solutions Customer Support at 1-800-599-4334 or email to EDIProviderAssistance@oxhp.com.

3.6. SYSTEM AVAILABILITY

OHP's normal business hours for 276/277 EDI processing are as follows all times are EST:

Sunday	5:00 AM	thru	Monday	1:30 AM
Monday	3:30 AM	thru	Tuesday	1:30 AM
Tuesday	3:30 AM	thru	Wednesday	1:30 AM
Wednesday	3:30 AM	thru	Thursday	1:30 AM
Thursday	3:30 AM	thru	Friday	1:30 AM
Friday	3:30 AM	thru	Saturday	1:30 AM
Saturday Sunday	3:30 AM 5:00 AM	thru thru	Saturday Monday	6:00 PM 1:30 AM

Outside these windows, OHP Claim Status Request and Response may be down for general maintenance and upgrades. During these times, our ability to process incoming 276/277 EDI transactions may be impacted. The codes returned in the STC01 segment of the 277 acknowledgement will instruct the trading partner if any action is required see Section 3.3 for more information.

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 276 transactions. OHP will send an e-mail communication for scheduled and unplanned outages.

3.7. COSTS TO CONNECT

Physicians and Healthcare Professionals should contact their current clearinghouse vendor to discuss costs.

4. CONTACT INFORMATION

4.1. EDI CUSTOMER SERVICE

Most questions can be answered by referencing the materials posted at https://www.Oxfordonline.com. Updates to the companion guide will be posted at: http://www.uniprise.com/hipaa/companion_docs.html.

If you have questions related to transactions submitted through a clearinghouse please contact your clearinghouse vendor.

EDI customer service can help with connectivity issues, bad data in the 277 response or questions on the format of the 276/277. Please e-mail EDI Customer Support at EDIProviderAssistance@oxhp.com. For urgent issues please call 800-599-4334, Monday – Friday: 8:30 a.m. - 5 p.m. EST

4.2. EDI TECHNICAL ASSISTANCE

Clearinghouse

- When receiving the 276 from a clearinghouse please contact the clearinghouse.

EDI Issue Reporting

- Email - EDIProviderAssistance@oxhp.com
- Customer Support line - 800-599-4334, Monday – Friday: 8:30 a.m. - 5 p.m. EST

4.3. PROVIDER SERVICE NUMBER

Provider Services should be contacted at 800-666-1353 instead of EDI Customer Service if you have questions regarding the details of a member's benefits. Provider Services is available Monday – Friday 8 a.m. to 6 p.m. EST.

4.4. APPLICABLE WEBSITES / E-MAIL

CAQH CORE – http://www.caqh.org

Companion Guides - http://www.uniprise.com/hipaa/companion_docs.html

OHP EDI Help Desk – EDIProviderAssistance@oxhp.com

Ingenix Health Information Networks (HIN) - www.ingenix.com

Washington Publishing Company - http://www.wpc-edi.com/hipaa/

5. CONTROL SEGMENTS / ENVELOPES

5.1. ISA-IEA

Transactions transmitted during a session are identified by interchange header segment (ISA) and trailer segments (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

The below table represents only those fields that OHP requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

TR3 Page#	Loop ID	Reference	NAME	Codes	Notes/Comments

TR3 Page#	Loop ID	Reference	NAME	Codes	Notes/Comments
C.3	**None**	**ISA**	**ISA Interchange Control Header**		
C.5		ISA08	Interchange Receiver ID	**061118515**	OHP Payer ID -Right pad as needed with spaces to 15 characters.
C.6		ISA15	Usage Identifier	**P**	Code indicating whether data enclosed is production or test.

5.2. GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. The number of GS/GE functional groups that exist in the transmission.

The below table represents only those fields that OHP requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

TR3 Page#	Loop ID	Reference	NAME	Codes	Notes/Comments
C.7	**None**	**GS**	**Functional Group Header**		**Required Header**
C.7		GS03	Application Receiver's Code	**061118515**	OHP Payer ID Code
C.8		GS08	Version/Release/Industry Identifier Code	**005010X212**	Version expected to be received by OHP.

5.3. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, this will always be '1' ST and SE combination. A 276 file can only contain 276 transactions.

The below table represents only those fields that OHP requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

TR3 Page #	Loop ID	Reference	NAME	Codes	Notes/Comments

TR3 Page #	Loop ID	Reference	NAME	Codes	Notes/Comments
70	**None**	**ST**	**Transaction Set Header**		**Required Header**
		ST03	Implementation Convention Reference	**005010X212**	Version expected to be received by OHP.

5.4. CONTROL SEGMENT HIERARCHY

ISA - Interchange Control Header segment
GS - Functional Group Header segment
ST - Transaction Set Header segment
276 Transaction
SE - Transaction Set Trailer segment
GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

5.5. CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled with space.

- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element

5.6. FILE DELIMITERS

OHP requests that you use the following delimiters on your 276 file. If used as delimiters, these characters (* ~ :) must not be submitted within the data content of the transaction sets. Please contact OHP if there is a need to use a delimiter other than the following:

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Delimiter is a tilde (~).**

Component-Element: Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

UnitedHealthcare
Oxford

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1. 276 REQUEST

1. **Primary Search Criteria** (keys) that are required on the claims inquiry:

Primary Keys[1] are:
- Provider ID (Loop 2000C)
- Patient ID (Loop 2000D)
- Patient/Member Last Name, First Name, DOB
- DOS (single or range, from Claim or Line level)

2. **Search Filters:**

- Use Payer Claim Control Number (ICN) to search for a **specific claim**
- Use Claim Total Charges to search for a **specific claim**
- Use Provider Org/Last Name, First Name to search for claims for a **specific provider.**
- Use a date range along with the Primary Keys to search for **multiple** claims.

Notes:

- All other situational criteria will be ignored.
- When ICN, Claim Total Charges, and Provider Name information is used an *exact match* against a claim is required.

3. Provider:

Identification Code Qualifiers supported:

- **FI** = Federal Taxpayer's Identification Number (FTIN)
- **SV** = Service Provider Number (Oxford ID)
- **XX** = Centers for Medicare and Medicaid Services National Provider Identifier (NPI)

The provider identified can be either the Billing/Group or Rendering provider. Provider Name (Org/Last Name and First Name) can be submitted as a filter.

4. **Member/Patient**:

Identification Code Qualifiers supported

- **MI =** Member Identification Number

Oxford members have a unique ID. Therefore the patient is considered to be the subscriber. When the patient is the subscriber, or a dependent with a unique

Identification number, the claim status request information can be sent in Loop 2200D under the Subscriber HL, 2000D Loop (HL03 = 22).
The Dependent HL, 2000E Loop should not be submitted.

5. **Dates of Service:**

   - Claims status requests will be checked for **claim level dates**. If present on the 276 inquiry claim level dates will be used in searches for the claims being returned on the claims response.
   - If claim level dates are **not** present on the 276 inquiry, **service line dates** will be used to in the search for the claims being returned on the claims response. A date range will be derived based on the **earliest** and **latest** service line dates.
   - Both **single** date and date **range** (from & to) will be supported for the claims search transaction at claims or service line level.
   - A Maximum date range of **31 days** will be allowed for the claims inquiry 276 on the searches. Date ranges must have a end date no greater than 31 days from the start date.
   - A date range that **exceeds the maximum date 31 days** will be truncated to 31 days: Ex: From date = **Jan 1st**, add 31 days would make the Thru Date = **Feb 1st**.
   - A Maximum history of **27 months** will be supported for the claims inquiry 276 on the searches from the date the claims transaction is being inquired. Date range / single date inquiries must have a start date **no greater than 27 months in the past** and the end date must be no greater than the current date.
   - Any search that **exceeds the maximum date 31 days** or date range or history of 27 months from current date (date of inquiry) will be rejected.

6. When claims are not found (search = no claims, or error transaction) return the information submitted in the 276 Request when required. For error situations, this will depend on the level the error occurs in the transaction. See section **10.5** for details.

6.2. 277 RESPONSE

Disclaimer: Information provided in 277 responses is not a guarantee of payment for the claims that have not been finalized. Actual payments depend on various factors, including compliance with applicable administrative protocols; date(s) of services rendered and benefit plan terms and conditions.

For a successfully processed 276 request, the 277 response will return:

- Provider information **as-submitted** in the 276 Request.
- Patient information **as-validated** in Oxford's system. Patient information will always be returned in **LOOP ID - 2000D SUBSCRIBER LEVEL.** LOOP ID - 2000E DEPENDENT LEVEL is not returned.
- Claim information as found on the claim record in the Oxford system (Patient Control Number, Bill Type, Service Line Information, etc.)
- When the remittance cycle is complete for the claim(s), the Remittance Trace Number and Remittance Date. The remittance information allows the provider to

identify the check or EFT number, and the date of issuance. Loop 2200D and 2200E STC will contain this information.

- Reporting of Service Line Units: For claims where decimal units are submitted, the 277 response will contain rounded units when claims are found.
- Claims response can include Entity Code Identifiers at both the Claim and Service Line levels.

7. ACKNOWLEDGEMENTS AND OR REPORTS

7.1. REPORT INVENTORY

None identified at this time.

8. TRADING PARTNER AGREEMENTS

8.1. TRADING PARTNERS

An EDI Trading Partner is defined as any OHP customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

This section describes how TR3's adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has something additional, over and above, the information in the TR3's. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with OHP

In addition to the row for each segment, one or more additional rows are used to describe OHP's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that OHP has something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

TR3 Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
56	**2100D**	**NM1**	**Subscriber Name**			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
57	**2100D**	**NM104**	Last Name or Organization Name		**60**	This type of row exists to limit the length of the specified data element.
62	**2200D**	**REF**	**Group Number**			
62	**2100C**	**REF01**	Reference Identification Qualifier	**6P**		This is the only code accepted by OHP as per the Implementation Guide
65	**2200D**	**REF**	**Claim Identification Number For Clearinghouses And Other Transmission Intermediaries**			This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.
65	**2200D**	**REF01**	Reference Identification qualifier	**D9**		Claim Number

UnitedHealthcare
Oxford

9.1. CLAIM STATUS REQUEST 276 (05010X212)

The below table represents only those fields that OHP requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

TR3 Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Payer Information -> NM1*PR*2*OHP*****PI*061118515~					
41	**2100A**	NM1	Information Source Name		
41		NM101	Entity Identifier Code	PR	Used to identify organizational entity. Ex. PR = Payer
41		NM102	Entity Type Qualifier	2	Used to indicate entity or individual person. Ex. 2 = Non-Person Entity
41		NM103	Name Last or Organization name		Used to specify subscribers last name or organization name. Ex. OHP
42		NM108	Identification Code Qualifier	PI	Used to qualify the identification number submitted. Ex. PI = Payor Identification
42		NM109	Identification Code		Used to specify primary source information identifier The changes will apply to commercial and government business for OHP **061118515** Ex. **061118515** ***Interpretation:*** Payer ID –**061118515**

TR3 Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Claims – Date Of Service Validation					
Claim level – Range of dates -> DTP*472*RD8*20090101-20090131!					
67	**2200D(E)**	DTP	Claim service Date		
67		DTP01	Date/Time Qualifier	472	Used to identify 472 Service
67		DTP02	Date Time Period Format Qualifier	RD8	Used to indicate Range of Dates "To and From" Expressed in Format CCYYMMDDCCYYMMDD
67		DTP03	Date Time Period	20090101-20090131	Used to specify Claim Service Period **OHP Rule:** Maximum date range of **31 days** will be allowed for the claims inquiry 276 on the searches. Date range must have an end date no greater than 31 days from the start date. A date range that **exceeds the maximum date 31 days** will be truncated to 31 days. **OHP Rule:** Maximum history of 27 months will be supported for the claims inquiry 276 on the searches from the date the claims transaction is being inquired. Date range / single date inquiries must have a start date **no greater than 27 months in the past** and the end date must be no greater than the current date.

UnitedHealthcare
Oxford

TR3 Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Service Line level – Date Of Service validation					
Line level - Range of dates -> DTP*472*RD8*20090101-20090131!					
74	**2210D(E)**	DTP	Service Line date		
74		DTP01	Date/Time Qualifier	472	Used to identify 472 Service
74		DTP02	Date Time Period Format Qualifier	RD8	Used to indicate Range of Dates “To and From” Expressed in Format CCYYMMDDCCYYMMDD

74		DTP03	Date Time Period	20090101-20090131	Used to specify Claim Service Period If claim level (2200D loop) dates are not present (logic: checks for dates at service level (2210D loop) and selects earliest and latest dates. **OHP Rule:** Maximum date range of **31 days** will be allowed for the claims inquiry 276 on the searches. Date range must have an end date no greater than 31 days from the start date. A date range that **exceeds the maximum date 31 days** will be truncated to 31 days. **OHP Rule:** Maximum history of **27 months** will be supported for the claims inquiry 276 on the searches from the date the claims transaction is being inquired. Date range / single date inquiries must have a start date **no greater than 27 months in the past** and the end date must be no greater than the current date.

10. APPENDICES

10.1. IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your choice of connection. However, a basic check list would be to:

1. Register with Trading Partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

10.2. BUSINESS SCENARIOS

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various business scenario examples.

10.3. TRANSMISSION EXAMPLES

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various transmission examples.

10.4. FREQUENTLY ASKED QUESTIONS

1. Does this Companion Guide apply to all OHP payers?
Yes. The changes will apply to commercial and government business for OHP using payer ID 061118515.

2. How does OHP support, monitor, and communicate expected and unexpected connectivity outages?
Our systems do have planned outages. For the most part, transactions will be queued during those outages. We have identified the planned maintenance windows in the OHP section 3.6 of this document. We will send an email communication for scheduled and unplanned outages.

3. If a 276 is successfully transmitted to OHP, are there any situations that would result in no response being sent back?
No. OHP will always send a response. Even if OHP's systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

10.5. FILE NAMING CONVENTIONS

Error scenarios with STC values

507/508/ entity code list @ Washington publishing

#	Scenario	277 Loop STC	STC01-1 (DO or E - 507)	STC01-2 508 codes	Entity STC01-3		STC10-1 (DO or E - 507)	STC 10-2 508 codes	Entity STC 10-3		STC11-1 (DO or E - 507)	STC11-2 508 codes	Entity STC11-3
1	Provider Not Found (No match - Commercial ID)	LOOP ID - 2200C	DO	135	1P								
2	Provider Not Found (No match - Commercial ID) No subscriber/DOS errors	LOOP ID - 2200D	DO	135	1P								
3	Provider Not Found (No match -Tax ID)	LOOP ID - 2200C	DO	128	1P								
4	Provider Not Found (No match -Tax ID) No subscriber/DOS errors	LOOP ID - 2200D	DO	128	1P								
5	Provider Not Found (No match -NPI ID)	LOOP ID - 2200C	DO	562	1P								
6	Provider Not Found (No match -NPI ID) No subscriber/DOS errors	LOOP ID - 2200D	DO	562	1P								
7	Provider Not Found (No match -L Name)	LOOP ID - 2200C	DO	125	1P								
8	Provider Not Found (No match -L Name) No subscriber/DOS errors	LOOP ID - 2200D	DO	125	1P								
9	Provider Not Found (No match -F Name)	LOOP ID - 2200C	DO	125	1P								

UnitedHealthcare® Oxford

10	Provider Not Found (No match -F Name) No subscriber/DOS errors	LOOP ID - 2200D	DO	125	1P								
11	Subscriber Not Found (No match Sub ID)	LOOP ID - 2200D	DO	33									
12	Subscriber Not Found (Member ID Code Qualifier of 24 entered)	LOOP ID - 2200D	DO	33									
13	Subscriber Not Found (No match Sub ID) Claim not found (Claim DOS - From date is greater than 27 months from system date. (History))	LOOP ID - 2200D	DO	33			DO	187					
14	Subscriber Not Found (Member ID Code Qualifier of 24 entered) Claim not found (Claim DOS - From date is greater than 27 months from system date. (History))	LOOP ID - 2200D	DO	33			DO	187					
15	Claim not found (Claim DOS - From date is greater than 27 months from system date. (History))	LOOP ID - 2200D	DO	187									
16	Claim not found (Claim DOS - No match)	LOOP ID - 2200D	DO	187									

17	Claim not found (Total Billed Amount (Original Claim Total Charges) does not match)	LOOP ID - 2200D	DO	178									
18	Claim not found (Payer Assigend Control Number does not match)	LOOP ID - 2200D	DO	464									
19	Level 5 Code Set Errors: Invalid Bill Type	LOOP ID - 2200D	DO	228									
23	Level 5 Code Set Errors: Invalid Modifier	LOOP ID - 2200D	DO	453									
24	Level 5 Code Set Errors: Invalid Procedure Code	LOOP ID - 2200D	DO	454									
25	Level 5 Code Set Errors: Invalid Revenue Code	LOOP ID - 2200D	DO	455									

