

**Oregon DHS NPI Companion Document for 837 ENCOUNTER Professional Claim  
and 837 Transaction Coordination of Benefits - Examples for Encounter**

The NPI is a single identification number that will be assigned to all covered health care providers. It is intended to improve the efficiency of the health care system and help to reduce fraud and abuse. The intent of the NPI is to eliminate the need for payers and providers to keep numerous identifiers and in turn simplify transaction processing between these entities. This companion guide is meant to be used as a technical reference guide for NPI usage in Oregon.

The objectives of this document are:

\*To clarify what information is needed by the Oregon Dept. of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.

\*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 837 Professional Claim Implementation Guide Version 004010X098A1.

**In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.**

t data reported in the ISA06 and GS02). Do not use special characters.

To properly process 837 transactions, OR-DHS requires only ONE transaction type in each transmission file beginning with the ISA and ending with the ISE envelope segments. For example if the submitter sends Reportable/Encounter 837 transaction data for Professional, Dental and Institutional, there would be a separate file for each transaction (e.g. one containing only the 837P professional data, one containing only 837I institutional data and one file containing only 837D dental data.)

For faster adjudication, OR-DHS requires one rendering (performing) provider/billing provider per claim to avoid conflict between claim and line level data.

**Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.**

In the examples given in this Companion Guide, a lowercase "b" denotes a blank space.

**IMPORTANT NOTE:** When determining the delimiters to use/send, please take data content, communication protocols, and industry standards into account. If transmission or transaction errors can be traced to the choice of a delimiter, trading partners will be notified, and the use of that delimiter will be prohibited. For example: When the EBCDIC character for <new line> is used as a delimiter, and it is converted to ASCII, it becomes two characters - <carriage return> and <line feed>. Systems using ASCII characters encounter extra, non-conforming characters and reject the transmission.

**ISA - Interchange Control Header - Page B3**

Usage: Required

Segment Max Use within Transaction: 1

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*tp123456bbbbbb\*ZZ\*ORDHSOMAPbbbb\*010801\*1452\*U\*00401\*000000001\*0\*P\*~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in lower-case (i.e., tp#####).  Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHSOMAP	Insert spaces <u>after</u> data to meet 15-byte requirement.

**GS - Functional Group Header - B8**

Usage: Required

Segment Max Use within Transmission: >1

Example: GS\*HC\*tp123456\*ORDHSOMAP\*20031016\*1452\*1215\*X\*004010X098A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15			The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in lower-case (i.e., tp#####).
GS03	Application Receiver's Code	R	2/15		ORDHSOMAP	

**ST -- Transaction Set Header - 61**

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: ST\*837\*987654~

**Note: In order to ensure this unique number is returned on your 997, do not use this number more than once a day.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ST01	Transaction Identification Code	R	2/2	ID	00	In order to ensure this unique number is returned on your 997, it is recommended this number not repeat for 180 days.
ST02	Transaction Set Control Number	R	1/30	AN		The unique number that will be returned on your 997.

**BHT -- Beginning of Hierarchical Transaction- Page 63**

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: BHT\*0019\*00\*0123\*19970618\*0932\*RP~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
BHT02	Transaction Set Purpose Code	R	2/2	ID	00	
BHT03	Originator Application Transaction Identifier	R	1/30	AN		
BHT06	Claim or Encounter Identifier	R	2/2	ID	RP	

**NM1 -- Submitter Name - Page 67**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000A

Example: NM1\*41\*2\*ACME\*\*\*\*46\*PHP~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM109	Submitter Identifier	R	2/80	AN	PHP	

**NM1 -- Receiver Name - Page 74**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000B

Example: NM1\*40\*2\*OREGON DHS OMAP\*\*\*\*\*46\*ORDHSOMAP~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Receiver Name	R	1/35	AN	OREGON DHS OMAP	
NM109	Receiver Primary Identifier	R	2/80	AN	ORDHSOMAP	

**PRV -- Billing/Pay-To-Provider Specialty - Page 79**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2000A

Example: PRV\*BI\*ZZ\*207R00000X~

**NOTE: Per the CMS feedback page, "... the guide [IG] is therefore inconsistent with the enumeration of providers allowed by the NPI final rule. In order to define a sub-part or component that is not enumerated with a distinct NPI, the Billing Provider field - 2000A PRV - may be used."**

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
PRV02	Reference Identification Qualifier	R	2/3	AN	ZZ	Mutually Defined	As defined by Implementation Guide
PRV03	Reference Identification	R	1/30	ID		Provider Taxonomy Code <a href="http://www.wpc-edi.com/codes/taxonomy">http://www.wpc-edi.com/codes/taxonomy</a>	As defined by Implementation Guide

**NM1 -- Billing Provider Name - Page 84**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010AA

Example: NM1\*85\*1\*WELBY\*MARCUS\*W\*\*JR\*XX\*4443322220~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Identification Code	R	1/30	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**REF -- Billing Provider Secondary Identification Number - Page 91**

Usage: Situational  
Segment Max Use within Loop: 8  
Loop ID: 2010AA  
Example: REF\*EI\*123456789~

**NOTE: OR-DHS required in addition to data sent on NM109 (Billing Provider Identifier).**

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
REF01	Reference Identification Qualifier	R	2/3	ID		SY- Social Security Number EI - Employers Identification Number	OR-DHS required element. OR-DHS currently accepts only the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.
REF02	Billing Provider Additional Identifier	R	1/30	AN		Employer's Identification Number or Social Security Number	OR-DHS required field.

**HL -- Subscriber Hierarchical Level - Page 108**

Usage: Required  
Segment Max Use within Loop: 1  
Loop ID: 2000B  
Example: HL\*2\*1\*22\*0~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HL04	Hierarchical Child Code	R	1/1	ID	0	

**SBR -- Subscriber Information - Page 110**

Usage: Required  
Segment Max Use within Loop: 1  
Loop ID: 2000B  
Example: SBR\*S\*18\*123456\*\*\*\*\*MC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	S	
SBR03	Insured Group or Policy Number	R	1/30	AN		Required for OR-DHS. Cannot be blank. Enter the six-digit PHP number.
SBR04	Insured Group Name	S	1/60	AN		Not in use at this time - must leave blank.
SBR09	Claim Filing Indicator Code	S	1/2	ID	MC	

**NM1 -- Subscriber Name - Page 117**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BA

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*12345678~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Subscriber Last Name	R	1/35			Patient's last name as it appears on the OMAP medical care identification card. Do not use special characters.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the OMAP medical care identification card. Do not use special characters. Cannot be blank.
NM108	Identification Code Qualifier	R	1/2	ID	MI	
NM109	Subscriber Primary Identifier	R	2/80	AN		Patient's 8-character Prime I.D. as it appears on the OMAP medical care identification card.

**NM1 -- Payer Name - Page 130**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BB

Example: NM1\*PR\*2\*OREGON DHS OMAP\*\*\*\*PI\*ORDHSOMAPENC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Payer Name	R	1/35	AN	OREGON DHS OMAP	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	Payer Identifier	R	2/80	AN	ORDHSOMAPENC	

**N3 -- Payer Address - Page 134**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2010BB

Example: N3\*500 SUMMER STREET NE~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN	500 SUMMER STREET NE	

**N4 -- Payer City/State/Zip - Page 135**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2010BB

Example: N4\*SALEM\*OR\*973010315~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N401	Payer City Name	R	2/30	AN	SALEM	
N402	Payer State Code	R	2/2	ID	OR	
N403	Payer Postal Zone or Zip Code	R	3/15	ID	973010315	

**CLM -- Claim Information - Page 170**

Usage: Required

Segment Max Use within Loop: 99

Loop ID: 2300

Example: CLM\*0131930000001\*500\*\*\*11::1\*Y\*A\*Y\*Y~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CLM01	Patient Account Number	R	1/38	AN		The 'Patient Account Number' is returned in the 'Patient Control Number' (Element CLP01) on the outbound 835 transaction. Although the X-12 standard allows for 38 characters, the HIPAA standard allows only up to 20. Therefore, OR-DHS will truncate any data after the 20th character, and report same.
CLM02	Total Claim Charge Amount	R	1/18	R		Amount must not exceed \$999,999.99.
CLM05-1	Facility Type Code	R	1/2	AN		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Frequency Code	R	1/1	ID		OR-DHS required field.  OR-DHS accepts: 1 - Original claim submission 7 - Replacement of prior claim 8 - Void (cancellation of prior claim)  Claims with a value of "7" will be processed as an adjustment. Claims with a value of "8" will be processed as delete transactions.

**REF - Original Reference Number (ICN/DCN) - Page 229**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop ID: 2300  
Example: REF\*F8\*1234567891234~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Claim Original Reference Number	R	1/30	AN		The OR-DHS ICN to adjust or delete.

**REF - Medical Record Number - Page 241**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop ID: 2300  
Example: REF\*EA\*44444TH56~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Medical Record Number	R	1/30	AN		The 'Medical Record Number' is NOT returned in the 835 transaction.

**HI - HealthCare Diagnosis Code - Page 265**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop ID: 2300  
Example: HI\*BK:8901\*BF:87200\*BF:5559~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				Mental Health Encounters: Currently the OMAP system picks up the Axis V Global Assessment of Functioning (GAF) score and the current CGAS score from the fourth Diagnosis code field in the EA0 record. Stop sending these two data values in the 837 transaction.
HI01-2	Diagnosis Code	R	1/30	AN		Report the Principle diagnosis Code to the highest level of specificity for the date of service.
HI02	Health Care Code Information	S				OR-DHS processes three diagnosis codes (in addition to the Principle diagnosis) to process and adjudicate data.

**NM1 -- Rendering Provider Name-Page-290**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID:2310B

Example: NM1\*82\*1\*DOE\*JOHN\*\*\*\*XX\*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**PRV -- Rendering Provider Specialty - Page 293**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310B

Example: PRV\*PE\*ZZ\*207R00000X~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
PRV02	Reference Identification Qualifier	R	2/3	AN	ZZ	Mutually Defined	As defined by Implementation Guide
PRV03	Reference Identification	R	1/30	ID		Provider Taxonomy Code <a href="http://www.wpc-edi.com/codes/taxonomy">http://www.wpc-edi.com/codes/taxonomy</a>	As defined by Implementation Guide

**SBR - Other Subscriber Information - Page 318**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2320

Example: SBR\*P\*18\*123456\*PHPNAME\*MC\*\*\*\*MC~

**NOTE: OR-DHS required**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID		"P" indicates the PHP as the primary payer.
SBR03	Insured Group or Policy Number	R	1/30	AN		Required for OR-DHS. Cannot be blank. Enter the six-digit PHP number. For Mental Health waived service claims enter the 6 byte alphanumeric policy/group number.
SBR04	Other Insured Group Name	R	1/60	AN		The name of the PHP. Do not use special characters.

**CAS - Claim Level Adjustments - Page 323**

Usage: Situational

Segment Max Use within Loop: 99

Loop ID: 2320

Example: CAS\*PR\*1\*7.93~

**NOTE: Prepaid Health Plans (PHP) may use any valid HIPAA Adjustment Reason Code when Claim Submission Reason Code = 8 for VOID/delete.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS02	Adjustment Reason Code	R	1/5	ID		Claim level. Use one HIPAA Adjustment Reason Code.

**NM1 -- Other Payer Name-Page-359**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2330B

Example: NM1\*PR\*1\*DOE\*JOHN\*\*\*\*PI\*345678~

ELEMENT	NAME	USE	ATTRIBUTES			Comments	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values		Comments
NM103	Payer Name	R	1/35	AN	OREGON DHS OMAP		As defined by Implementation Guide
NM108	Identification Code Qualifier	R	1/2	ID	PI		As defined by Implementation Guide
NM109	Payer Identifier	R	2/80	AN		Required for OR-DHS. Cannot be blank. Enter the six-digit PHP number.	As defined by Implementation Guide

**LX - Service Line - Page 398**

Usage: Required

Segment Max Use within Loop: 50

Loop ID: 2400

Example: LX\*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
LX01	Assigned Number	R	1/6	N		OR-DHS' system processes only the first 28 service lines.

**SV1 - Professional Service - Page 400**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: SV1\*HC:99211:25\*12.25\*UN\*1\*11\*\*1:2:3\*\*N~

**NOTE: OR-DHS processes only the first Procedure Code and the first 2 modifiers. The last two modifiers may not be considered for adjudication / payment determination.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SV101-1	Product or Service ID Qualifier	R	2/2	ID	HC	
SV102	Line Item Charge Amount	R	1/18	R		Amount not to exceed \$99,999.99. OR-DHS requires line item charges regardless of how the PHP compensates it's provider(s).
SV104	Service Unit Count	R	1/15	R		Not to exceed 9999.9.

**LIN - Drug Identification, CTP - Drug Pricing, & REF - Prescription Number - 4010A1 Pages 71-78**

Usage: Situational

Loop ID: 2410

**NOTE: OR-DHS does not process Loop 2410 on the 837 transaction. For drugs administered by the prescribing practitioner in the office, clinic, hospital or home setting, use HCPC Drug Code Series J0000-J8999 in the Loop 2400, SV101-2 element.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
LIN03	Product/Service ID	R	1/48	AN		

**NM1 -- Rendering Provider Name-Page-501**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2420A

Example: NM1\*82\*1\*DOE\*JOHN\*\*\*\*XX\*0123456789~

**line containing a rendering provider. OR-DHS required if NM109 Rendering Provider Identifier in 2310B is not used.**

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**SVD - Line Adjudication Information - Page-554**

Usage: Situational  
 Segment Max Use within Loop: 1  
 Loop ID: 2430  
 Example: SVD\*NR002\*50.5\*\*0305\*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SVD01	Payer Identifier	R	2/80	AN		Used to match with other payer identifier in 2330B.

**CAS - Line Adjustment - Page 558**

Usage: Situational  
 Segment Max Use within Loop: 50  
 Loop ID: 2430  
 Example: CAS\*PR\*1\*7.93~

**NOTE: Prepaid Health Plans (PHP) must send a Claim Adjustment Reason Code (CARC) at the service line level whenever service is denied/not paid.**  
**Business Rules relating to Claim Adjustment Reason Codes (Disposition Codes):**  
 - If the PHP has accepted any liability for the service/detail line (formerly Disposition Code = A01), do not send Loop 2430/CAS segment.  
 - If the PHP has not accepted any liability for the service/detail line (formerly Disposition Code = Reject Code), send Loop 2430 CAS segment w/appropriate/CARC.  
 - Some CARC Codes do not apply to DHS encounter data. These codes were not cross-walked and the claim will receive an error if these codes are used.  
**OR-DHS will process only the first occurrence.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS02	Adjustment Reason Code	R	1/5	ID		Use one Claim Adjustment Reason Code only when payment/service is denied/not accepted. OR-DHS will cross-walk code to the Encounter Disposition Reason Codes. Line Level.

837 Transaction  
Coordination of Benefits  
Examples for **Encounter**

**Note: These are examples only and are not intended to show all situations that could potentially occur. This is only DHS' expectation of the data for the situations most commonly found for Encounter data received at this time.**

Loop 2000B–Subscriber Hierarchical Level is a required loop and thus is always expected. When a patient is enrolled in a Prepaid Healthcare Plan (Plan), Medicaid (DHS) is never the primary payer. Within this loop the:

- \* SBR01-Payer Responsibility Sequence Number is expected to be “S” showing Medicaid as the secondary payer.
- \* SBR09-Claim Filing Indicator Code must be MC (Medicaid) indicating Medicaid as the payer this information is being sent to and has the current responsibility for adjudication.

When the patient is enrolled in a Plan, the following information is expected when the Plan is the primary payer:

- \* Send one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of “P” (primary) showing the Plan as the Primary payer.
- \* If the PHP accepted liability at the service line, do not send the CAS segment in the 2320-Other Subscriber Information loop, 2330B-Other Payer Name loop or 2430-Line Adjudication loop.
  - \* If the PHP has no liability, send a 2430-Line Adjudication loop with a CAS segment containing the appropriate Claim Adjustment Reason Code (CARC). When there is a 2430-Line Adjudication loop, send a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.