

## The Oregon DHS MMIS Companion Guide for 276 Health Care Claim Status Request

The objective of this document is:

- \*To clarify what information is needed by 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 276 Health Care Claim Status Request Implementation Guide Version 004010X093A1.

**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.**

OR-DHS processes all alpha characters in upper case.

**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.

### OR-DHS Search Criteria:

1. **Service Provider Number (required)**
2. **Recipient Prime ID (required)**
3. **ICN (internal control number) (optional)**
4. **Billed Amount (optional)**
5. **Date of Service ( optional)**

**Transaction submission size: At this time OR-DHS recommends the batch 276 transaction be no larger than 3 megabytes.**

**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.

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

Usage: Required

Segment Max Use within Loop: 1

Loop Repeat: None

Loop ID: None

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*TP123456bbbb\*ZZ\*ORDHSbbbb\*010801\*1452\*U\*00401\*00000001\*0\*T\*:-

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	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's mailbox number (TP##### (uppercase "TP")).  Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHS	Insert spaces <u>after</u> data to meet 15-byte requirement.

**GS -- Functional Group Header - Page B8**

Usage: Required

Example: GS\*HR\*TP123456\*ORDHS\*20050328\*1452\*1215\*X\*004010X093A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15			The sender's mailbox number (TP##### (uppercase "TP")).
GS03	Application Receiver's Code	R	2/15		ORDHS	

**NM1 -- Payer Name - Page 54**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100A

Example: NM1\*PR\*2\*OREGON DHS\*\*\*\*\*FI\*930592162~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Payer Name	R	1/35	AN	OREGON DHS	
NM108	Identification Code Qualifier	R	1/2	ID	FI	
NM109	Payer Identifier	R	2/80	AN	930592162	

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**NM1 -- Information Receiver Name - Page 62**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1\*41\*2\*ABCDEF\*\*\*\*\*XX\*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX 46	XX – Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers 46 - Clearinghouse
NM109	Identification Code	R	1/30	AN		10 digit NPI assigned to the provider when qualifier equals XX.

**NM1 -- Provider Name - Page 67**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100C

Example: NM1\*1P\*2\*ABCDEF\*\*\*\*\*XX\*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX SV	XX – Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers SV- 6 digit DMAP number
NM109	Provider Identifier	R	2/80	AN		10 digit NPI assigned to the provider when qualifier equals XX.

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**HL -- Subscriber Level - Page 70**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2000D

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	

**NM1 -- Subscriber Name - Page 74**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100D

Example: NM1\*QC\*1\*DOE\*JOHN\*T\*\*JR\*MI\*1234567A~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	QC	
NM102	Entity Type Qualifier	R	1/1	ID	1	
NM103	Subscriber Last Name	R	1/35	AN		Patient's last name as it appears on the DMAP medical care identification. Do not use special characters.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the DMAP medical care identification. Do not use special characters.
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 DMAP medical care identification.

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**REF -- Payer Claim Identification Number - Page 78**

Usage: Situational

Segment Max Use within Loop: 3

Loop ID: 2200D

Example: REF\*1K\*1234567890123~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Payer Claim Control Number	R	1/30	AN		OR-DHS assigned claim number (ICN). If present, only information for this ICN will be returned.

**DTP -- Claim Service Date - Page 86**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2200D

Example: DTP\*232\*RD8\*20040327-20050327~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
DTP03	Claim Service Period	R	1/35	AN		Claim Dates of Service (Dates of Service cannot be greater than 18 months old).