

**THE OREGON DHS MMIS 277  
Health Care Claim Status Response  
VERSION 4010A1**

**The Oregon DHS MMIS Companion Guide for 277 Health Care Claim Status Response**

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 277 Health Care Claim Status Response 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.

**THE OREGON DHS MMIS 277**  
**Health Care Claim Status Response**  
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**ISA -- Interchange Control Header - B3**

Usage: Required

Segment Max Use within Loop: 1

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*ORDHSbbbb\*ZZ\*TP123456bbbb\*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	ORDHS	Spaces are inserted <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		The sender's mailbox number (TP##### (uppercase "TP")).  Spaces are inserted <u>after</u> data to meet 15-byte requirement.

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

Usage: Required

Example: GS\*HN\*ORDHS\*TP123456\*20050328\*1452\*00000001\*X\*004010X093A1~

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

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

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	

**THE OREGON DHS MMIS 277**  
**Health Care Claim Status Response**  
**VERSION 4010A1**

**NM1 -- Information Receiver Name - Page 138**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1\*41\*2\*ABCDEF\*\*\*\*\*FI\*123456789~

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

**NM1 -- Provider Name - Page 143**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100C

Example: NM1\*1P\*2\*ABCDEF\*\*\*\*\*SV\*123456~

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
NM109	Provider Identifier	R	2/80	AN		10 digit NPI assigned to the provider when qualifier equals XX.

**HL -- Subscriber Level - Page 146**

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	

**THE OREGON DHS MMIS 277**  
**Health Care Claim Status Response**  
**VERSION 4010A1**

**NM1 -- Subscriber Name - Page 150**

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.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the DMAP medical care identification.
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.

**TRN -- Claim Submitter Trace Number - Page 153**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2200D

Example: TRN\*2\*12345\*\*~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
TRN02	Trace Number	R	1/30	AN		Claim Submitter Trace Number as submitted in the 276.

**THE OREGON DHS MMIS 277**  
**Health Care Claim Status Response**  
**VERSION 4010A1**

**STC -- Claim Level Status Information - Page 154**

Usage: Required

Segment Max Use within Loop: >1

Loop ID: 2200D

Example: STC\*A1:21\*20041225\*50\*45\*20041230\*CHK\*20050102\*12345~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
STC01-1	Health Care Claim Status Category Code	R	1/30	AN		OR-DHS will use the following Category Codes: A2, A4, E0, E1, E2, F1, F2, F4, P1, or P2.
STC05	Claim Payment Amount	R	1/18	R		Claim Total Amount Paid PHP Claims = \$0 paid
STC07	Payment Method Code	S	3/3	ID		ACH - Automated Clearing House CHK - Check NON - Non-Payment Data (Encounter)
STC09	Check or EFT Trace Number	S	1/16	AN		Check Number - (paid claims only) or EFT trace number

**REF -- Payer Claim Identification Number - Page 165**

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 a match is found.