

**The Oregon DHS MMIS Companion Guide for 837 ENCOUNTER Dental Claim
and 837 Transaction Coordination of Benefits - Examples for Encounter**

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 Dental Claim Implementation Guide Version 004010X097A1.

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. 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 segment and ending with the ISE segment. 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 require one rendering (performing) provider/billing provider per claim; 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 Transmission: 1

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*TP123456bbbb*ZZ*ORDHSbbbbbbbb*010801*1452*U*00401*00000001*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 upper-case (i.e., TP#####). Insert spaces after data to meet 15-byte requirement." |
| ISA07 | Interchange Receiver 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 - Appendix B

Usage: Required

Segment Max Use within transmission: >1

Example: GS*HC*TP123456*ORDHS*20010801*1452*1*X*004010X097A1~

| 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 upper-case (i.e., TP#####). |
| GS03 | Application Receiver's Code | R | 2/15 | | ORDHS | |

ST -- Transaction Set Header - 61

Usage: Required
Segment Max Use within Transaction: 1
Loop ID: None
Example: ST*837*987654~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|---------------------------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| ST01 | Transaction Identification Code | R | 3/3 | ID | 837 | |
| ST02 | Transaction Set Control Number | R | 4/9 | AN | | The unique number that will be returned on your 997. In order to ensure this unique number is returned on your 997, it is recommended this number not repeat for 180 days. |

BHT -- Beginning of Hierarchical Transaction - Page 54

Usage: Required
Segment Max Use within transaction: 1
Loop ID: None
Example: BHT*0019*00*0*20030610*0932*RP~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-------------------------------|-----|------------|-----------|--------------|----------|
| | | | Min/Max | Data Type | Codes/Values | |
| BHT02 | Transaction Set Purpose Code | R | 2/2 | ID | 00 | |
| BHT06 | Claim or Encounter Identifier | R | 2/2 | ID | RP | |

NM1 -- Submitter Name - Page 59

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000A
Example: NM1*41*2*ABC SUBMITTER*****46*TP123456~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|----------------------|-----|------------|-----------|--------------|--|
| | | | Min/Max | Data Type | Codes/Values | |
| NM109 | Submitter Identifier | R | 2/80 | 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 upper-case (i.e., TP#####). |

NM1 -- Receiver Name - Page 66

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000B
Example: NM1*40*2*OREGON*****46*ORDHS~

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

PRV -- Billing/Pay-To-Provider Specialty Information - Page 71

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2000A
Example: PRV*BI*ZZ*203BA050N~

"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 | | | Comments |
|---------|------------------------------------|-----|------------|-----------|--------------|------------------------|
| | | | Min/Max | Data Type | Codes/Values | |
| PRV01 | Provider Code | R | 1/3 | ID | BI | 'BI' - Billing |
| PRV02 | Reference Identification Qualifier | R | 2/3 | AN | ZZ | Mutually Defined |
| PRV03 | Reference Identification | R | 1/30 | ID | | Provider Taxonomy Code |

NM1 -- Billing Provider Name - Page 76

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010AA
Example: NM1*85*2*ABC BILLING PROVIDER*****XX*9443322220~

| 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 | 1/30 | AN | | Enter the Appropriate 10 Digit National Provider ID (NPI) |

REF -- Billing Provider Secondary Identification Number - Page 83

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AA
Example: REF*EI*987654321~

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

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|--|-----|------------|-----------|--------------|--|
| | | | Min/Max | Data Type | Codes/Values | |
| REF01 | Reference Identification Qualifier | R | 2/3 | ID | SY / EI | SY- Social Security Number EI - Employers Identification Number |
| REF02 | Billing Provider Additional Identifier | R | 1/30 | AN | | Employer's Identification Number or Social Security Number |

NM1 -- Pay-To Provider Name - Page 87

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010AB
Example: NM1*87*2*PHP NAME***24*444332222~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|---|-----|------------|-----------|--------------|---------------------------------------|
| | | | Min/Max | Data Type | Codes/Values | |
| NM102 | Entity Type Qualifier | R | 1/1 | ID | 2 | 2 - Non-Person entity |
| NM103 | Pay-to Provider Last or Organization Name | R | 1/35 | AN | | PHP Plan Name |
| NM108 | Identification Code Qualifier | R | 1/2 | ID | 24 | 24 – Employer's Identification Number |
| NM109 | Identification Code | R | 1/30 | AN | | Employer's Identification Number |

REF -- Pay-To Provider Secondary Identification Number - Page 94

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AB
Example: REF*1D*123456~

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

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|--|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| REF01 | Reference Identification Qualifier | R | 2/3 | ID | 1D | 1D - Medicaid Provider Number |
| REF02 | Billing Provider Additional Identifier | R | 1/30 | AN | | Required for OR-DHS. Cannot be blank. Enter the PHP number. |

SBR -- Subscriber Information - Page 99

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 by OR-DHS. Cannot be blank. Enter the PHP number. |
| SBR09 | Claim Filing Indicator Code | S | 1/2 | ID | MC | |

NM1 -- Subscriber Name - Page 103

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 | 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 | | Enter the patient's first name as it appears on the DMAP medical care identification. Cannot be blank. 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. |

NM1 -- Payer Name - Page 117

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BB

Example: NM1*PR*2*OREGON DHS*****PI*ORDHS~

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

N3 -- Payer Address - Page 121

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 122

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 149

Usage: Required

Segment Max Use within Loop: 1

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 | | Populate this element with Plan Tracking Number. |
| CLM02 | Total Claim Charge Amount | R | 1/18 | R | | |
| 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 Submission Reason 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 |

REF - Original Reference Number (ICN/DCN) - Page 179

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2300

Example: REF*F8*1234567890123~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|------------------------------------|-----|------------|-----------|--------------|-------------------------------------|
| | | | Min/Max | Data Type | Codes/Values | |
| REF01 | Reference Identification Qualifier | R | 2/3 | ID | F8 | |
| REF02 | Claim Original Reference Number | R | 1/30 | AN | | The OR-DHS ICN to adjust or delete. |

NM1 -- Rendering Provider Name - Page 187

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310A

Example: NM1*82*1*DOE*JOHN****XX*9443322220~

| 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 | Subscriber Primary Identifier | R | 2/80 | AN | | Enter the Appropriate 10 Digit National Provider ID (NPI) |

PRV -- Rendering Provider Specialty Information - Page 190

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310A

Example: PRV*PI*ZZ*122300000X~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|------------------------------------|-----|------------|-----------|--------------|------------------------|
| | | | Min/Max | Data Type | Codes/Values | |
| PRV02 | Reference Identification Qualifier | R | 2/3 | AN | ZZ | Mutually Defined |
| PRV03 | Reference Identification | R | 1/30 | ID | | Provider Taxonomy Code |

SBR -- Other Subscriber Information-Page-209

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2320

Example: SBR*P*18*123456*PHP NAME*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 unless patient has other insurance. |
| SBR03 | Insured Group or Policy Number | R | 1/30 | AN | | Required for OR-DHS. Cannot be blank. Enter the PHP number. |
| SBR04 | Other Insured Group Name | R | 1/60 | AN | | The name of the PHP. Do not use special characters. |

NM1 -- Other Payer Name-Page-240

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2330B
Example: NM1*PR*2*OREGON DHS****PI*123456~

| 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 | PI | |
| NM109 | Payer Identifier | R | 2/80 | AN | | Required for OR-DHS. Cannot be blank. Enter the PHP number. |

SV3 -- Dental Service - Page 266

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2400
Example: SV3*AD:D2150*80****1~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-------------------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| SV302 | Line Item Charge Amount | R | 1/18 | R | | OR-DHS requires line item charges regardless of how the PHP compensates the provider. |
| SV306 | Procedure Count | R | 1/15 | R | | |

NM1 -- Rendering Provider Name-Page-289

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2420A
Example: NM1*82*1*DOE*JOHN****XX*9443322220~

| 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 | Subscriber Primary Identifier | R | 2/80 | AN | | Enter the Appropriate 10 Digit National Provider ID (NPI) |

PRV -- Rendering Provider Specialty Information - Page 292

Usage: Situational
 Segment Max Use within Loop: 1
 Loop ID: 2420A
 Example: PRV*BI*ZZ*203BA050N~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|------------------------------------|-----|------------|-----------|--------------|------------------------|
| | | | Min/Max | Data Type | Codes/Values | |
| PRV02 | Reference Identification Qualifier | R | 2/3 | AN | ZZ | Mutually Defined |
| PRV03 | Reference Identification | R | 1/30 | ID | | Provider Taxonomy Code |

SVD -- Line Adjudication Information - Page-301

Usage: Situational
 Segment Max Use within Loop: 1
 Loop ID: 2430
 Example: SVD*123456*50.5**ADA CPT Code(s)*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 -- Service Adjustment - Page 305

Usage: Situational
 Segment Max Use within Loop: 99
 Loop ID: 2430
 Example: CAS*PR*1*793~

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 | | PHP must use one Claim Adjustment Reason Code only when liability is not accepted. |

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),

- * 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
 - * If the service line is paid, accepted or \$0 paid, 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 accepted no liability at the service line , 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